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| Amidon Charles | 8 |
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| Browning William H. | 13 |
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| Cudworth Mrs W | 33 |
| Curtis G Robert | 49 |
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| Carey Walter | 80 |
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| Whale John B. | 9 |
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| Wright August | 33 |
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| [illegible] | [illegible] |
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| [illegible] | 73 |

Z
Y
M

Funeral of Mrs Jennie Rainel

Date of Funeral Jan 7" 1913 Hour 9 A.M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Jan 7" |
| Embalming | 5 | 00 | Place of Death Millers Falls, Erving, Mass |
| Shaving and Laying Out | | | Place of Funeral Millers Falls Mass |
| Casket No. Oak Size 6 ft | | | Clergyman Rev Jas. Kirby |
| | 45 | 00 | Date of Burial Jan 9" 1913 |
| Metal Inner Casket Copper Zinc | | | Where Interred Linnen Falls, Mass |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | 5 | 00 | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 3 Years Months Days |
| Burial Robe Black | 5 | 00 | Color White Occupation Housewife |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Widow |
| Doz. Chairs | | | Birthplace Canada |
| Personal Attandance and Assistants | | | Last place of residence Millers Falls |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Henry Lanoit |
| CASH EXPENDITURES. | | | Country of Birth Canada |
| Door Dressing | | | Mother's Name Adeline Fontbies |
| Palms | | | Country of Birth Canada |
| Flowers | | | Physician Dr C. D. Cudworth |
| | | | Cause of Death Carcinoma |
| | | | |
| Porters and Gloves | | | Ordered by P. Masseau |
| Funeral Notices | | | Charge to P. Masseau |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | 3 | 00 | |
| Coaches Two | 10 | 00 | |
| Three | 15 | 00 | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 93 | 00 | 93 00 |

2

Funeral of Edward H. Alden

Date of Funeral Jan 16" 1915 Hour 1 P.M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. Size | | |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 00 | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| CASH EXPENDITURES. | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | 4 00 | |
| Vault Charges | | |
| Hearse | 5 00 | |
| Coaches Three | 8 00 | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transporiation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 22 .00 | |

Date of Death

Place of Death Orange Mass

Place of Funeral Millers Falls Mass

Clergyman Rev A A Bronsdon

Date of Burial Jan 16" 1915

Where Interred Millers Falls Mass

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color Occupation

Single, Married, Widow, Widower

Birthplace

Last place of residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by John Alden

Charge to John Alden

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| June | 14 | | 22 | 00 |

Funeral of Charles King

Date of Funeral Jan 17th 1915 Hour 1.30 P.M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Size | 45 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| | | |
| Door Dressing | | |
| Palms | | |
| Flowers Ribbon | 5 | 00 |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to Greenfield | 2 | 00 |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse to Greenfield | 8 | 00 |
| Coaches Three | 24 | 00 |
| One | 5 | 00 |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 77 | 00 |

Date of Death Jan 15th 1915

Place of Death Millers Falls Mass

Place of Funeral Millers Falls Mass

Clergyman Rev C A Brimacombe

Date of Burial Jan 17th 1915

Where Interred Greenfield Mass

Grave or Lot No. Section

Location of Grave

Age 67 Years 11 Months 2 Days

Color White Occupation Retired

Single, Married, Widow, Widower Widower

Birthplace Germany

Last place of residence Millers Falls Mass

How long resident of this State

Husband's Name

Father's Name Frederick King

Country of Birth Germany

Mother's Name Cath Fickeisen

Country of Birth Germany

Physician Dr Woodbury

Cause of Death Cerebral Hemorrhage

Ordered by Clarence King

Charge to Clarence King

When rendered

RECEIVED ON ACCOUNT.

4

Funeral of Mrs Lucy Wilkinson

Date of Funeral Feb 11th Hour 1 P.M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Size. Black Crepe | 35 | 00 |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Two Doz. Chairs | 00 | 00 |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| CASH EXPENDITURES. | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | 6 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transporiation Expenses | | |
| | | |
| | | |
| | | |
| Amount of Bill | $ 11 | 00 |

Date of Death Feb 8th 1915

Place of Death Northfield Farms

Place of Funeral Northfield Farms

Clergyman Rev A A Bronsdon

Date of Burial Feb 11th 1915

Where Interred Northfield Farms

Grave or Lot No. Section

Location of Grave

Age 64 Years 1 Months Days

Color White Occupation Housewife

Single, Married, Widow, Widower Married

Birthplace Louisville N. Y.

Last place of residence Northfield Farms

How long resident of this State

Husband's Name Charles Wilkinson

Father's Name

Country of Birth Vermont

Mother's Name Hannah Starks

Country of Birth

Physician Dr Philbrick Northfield

Cause of Death Cerebro Hemorrhage

Ordered by Charles Wilkinson

Charge to Charles Wilkinson

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Feb | 9 | | 18 | 00 |
| Nov | 7 | | 28 | 00 |
| | | | 46 | |

Funeral of Mr Joseph McLaughlin

Date of Funeral Feb 18" 1915 Hour 1 P. M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. one twenty three Size 5/9 | | |
| Oak | 60 | 00 |
| Metal Inner Casket Copper Zinc | | |
| Handles No. Ext Silver | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |

CASH EXPENDITURES.

| | | |
|---|---|---|
| Door Dressing | | |
| Palms | | |
| Flowers Flower inscribed Father | 12 | 00 |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | 5 | 00 |
| Vault Charges | | |
| Hearse To Cemetery | 5 | 00 |
| Coaches 5 Hacks | 25 | 00 |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 117 | 00 |

Date of Death Feb 18" 1915

Place of Death Millers Falls, Erving, Mass

Place of Funeral Millers Falls Mass

Clergyman

Date of Burial Feb 18" 1915

Where Interred Highland Cemetery

Grave or Lot No. Section

Location of Grave

Age 55 Years 8 Months 9 Days

Color White Occupation Mechanic

Single, Married, Widow, Widower Widower

Birthplace Ireland

Last place of residence Erving Mass

How long resident of this State

Husband's Name

Father's Name William McLaughlin

Country of Birth Ireland

Mother's Name Sarah Simpson

Country of Birth Ireland

Physician Dr Stetson Greenfield Mass

Cause of Death Pernicious Anemia

Ordered by Will McLaughlin

Charge to Joseph McLaughlin Est

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Mch | 6 | | 92 | 00 |
| " | 9 | | 25 | 00 |

6

Funeral of G. Tabor Thompson

Date of Funeral March 21st 1915 Hour 2 1st P. M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death March 18th 1915 |
| Embalming | 5 | 00 | Place of Death Lake Pleasant |
| Shaving and Laying Out | | | Place of Funeral " " |
| Casket No. 3631 Size 6 ft | 135 | 00 | Clergyman |
| | | | Date of Burial March 22d |
| Metal Inner Casket Copper Zinc | | | Where Interred |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Chestnut | 15 | 00 | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 56 Years 8 Months 24 Days |
| Burial Robe | | | Color Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| Doz. Chairs | | | Birthplace Long Island |
| Personal Attandance and Assistants | 10 | 00 | Last place of residence Lake Pleasant |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name William H. Thompson |
| CASH EXPENDITURES. | | | Country of Birth Long Island |
| Door Dressing | | | Mother's Name Mary S Fordham |
| Palms | | | Country of Birth Long Island |
| Flowers Door Badge | 2 | 50 | Physician Dr Kemp |
| | | | Cause of Death Diabetis Mellitus |
| Medical Examinin | 6 | 50 | |
| Porters and Gloves | | | Ordered by Mrs G Tabor Thompson |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | April 12 181 22 |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse From Home to Station | 5 | 00 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses to Springfield | 2 | 12 | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | $ 181 | 22 | 181 22 |

Funeral of Mr Fred Hirsch

Date of Funeral March 27" 1915 Hour 1 P. M.

| | | | |
|---|---|---|---|
| Removing Remains Alms House | | 2 50 | Date of Death March 24" 1915 |
| Embalming | | | Place of Death Montague Alm House |
| Shaving and Laying Out | | | Place of Funeral |
| Casket No. Size 6 ft | | 20 00 | Clergyman |
| | | | Date of Burial March 27" |
| Metal Inner Casket Copper Zinc | | | Where Interred Montague Town Farm |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 70 Years 2 Months 9 Days |
| Burial Robe Black | | 5 00 | Color White Occupation Retired |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Single |
| Doz. Chairs | | | Birthplace Germany |
| Personal Attandance and Assistants | | | Last place of residence Montague Mass |
| Drapery Candelabra Candles | | | How long resident of this State About 30 years |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name |
| CASH EXPENDITURES. | | | Country of Birth |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician Dr Codwell |
| | | | Cause of Death Chronic Valvular heart trouble. |
| | | | |
| Porters and Gloves | | | Ordered by Thomas Beard |
| Funeral Notices | | | Charge to Town of Montague |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse Removing body to Cemetery | | 2 50 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 30 00 | |

8

Funeral of Charles Amidon

Date of Funeral April 11" 1915 Hour 2.30 P. M.

| | | | | |
|---|---|---|---|---|
| Removing Remains From Late Residence | 3 | 00 | Date of Death | |
| Embalming | | | Place of Death | |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. Size | | | Clergyman | |
| | | | Date of Burial | |
| Metal Inner Casket Copper Zinc | | | Where Interred | |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age Years Months Days | |
| Burial Robe | | | Color Occupation | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | |
| Doz. Chairs | | | Birthplace | |
| Personal Attandance and Assistants | 10 | 00 | Last place of residence | |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers | | | Physician | |
| | | | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | Apr. 24 Cash | 53 00 |
| Sexton Opening Grave | 5 | 00 | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse From House to Cemetery 5.00 | 5 | 00 | | |
| Coaches 6 Hacks | 30 | 00 | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | 53 | 00 | | 53 00 |

Funeral of John B. Wheeler

Date of Funeral April 14" 1910 Hour M.

| | | | |
|---|---|---|---|
| Removing Remains Evans Livery & Station | 4 | 00 | Date of Death April 11" |
| Embalming | 5 | 00 | Place of Death Mendell |
| Shaving and Laying Out | | | Place of Funeral Florence |
| Casket No. Size | 30 | 00 | Clergyman |
| | | | Date of Burial Capril 14" |
| Metal Inner Casket Copper Zinc | | | Where Interred Florence |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age Years Months Days |
| Burial Robe | 5 | 00 | Color Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| Doz. Chairs | | | Birthplace Canada |
| Personal Attandance and Assistants | | | Last place of residence Wandell |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name |
| CASH EXPENDITURES. | | | Country of Birth |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician Dr Johnson |
| | | | Cause of Death Acute Indigestion |
| | | | |
| Porters and Gloves | | | Ordered by |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 44.00 | | April 16 44 00 |

10

Funeral of Helen S. Wentworth Leverett Mass

Date of Funeral Apr 21 1915 Hour 2 P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming | | 5 | 00 |
| Shaving and Laying Out | | | |
| Casket No. 3549 Size 5/6 | | 50 | 00 |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Chestnut | | 3 | 00 |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse From Millers Falls to Leverett | | | |
| Coaches and buck | | 10 | 00 |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transporiation Expenses for Body | | 1 | 28 |
| | | | |
| one Ticket to Fitchburg | | 1 | 28 |
| | | | |
| | | | |
| Amount of Bill | | 70 | 56 |

Date of Death Apr 19"

Place of Death North Leverett Mass

Place of Funeral " "

Clergyman

Date of Burial Apr 23"

Where Interred Hallerton Mass

Grave or Lot No. Section

Location of Grave

Age 83 Years Months Days

Color White Occupation Retired

Single, Married, Widow, Widower Widowed

Birthplace Vermont

Last place of residence North Leverett

How long resident of this State

Husband's Name

Father's Name Joseph Stone

Country of Birth Mass

Mother's Name Hannah Heath

Country of Birth Mass

Physician Dr Fiske

Cause of Death Pneumonia

Ordered by H. C. Wentworth Jr North Leverett mass

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| May | 17 | Cash | 70 | 56 |

Funeral of John William Matheweson.

Date of Funeral May 19" 1915. Hour 2.30 P. M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death May 17" 1915 |
| Embalming | | | Place of Death Millers Falls Mass |
| Shaving and Laying Out | | | Place of Funeral Millers Falls Mass |
| Casket No. Size | | 10.00 | Clergyman A. A. Bronaston |
| | | | Date of Burial May 19" |
| Metal Inner Casket Copper Zinc | | | Where Interred Millers Falls Mass |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age Years One Months Nine Days |
| Burial Robe | | | Color White Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace Vassen Hospital Montague Mass |
| Personal Attandance and Assistants | | 1 00 | Last place of residence |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Donald E. Matheweson |
| CASH EXPENDITURES. | | | Country of Birth Troy N. Y. |
| Door Dressing | | | Mother's Name Janet Simpson |
| Palms | | | Country of Birth Nova Scotia |
| Flowers | | | Physician Coderwith |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by Donald Matheweson |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | Mch 9 By Bell & Cook 12 00 |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave L.O.4 Lining | | 1 00 | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | | 12 00 |

12

Funeral of Wallace M Davidson

Date of Funeral July 1st Hour 2 P M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Size 6 ft | 45 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers one Pillow Father | 8 | 00 |
| Heath Grandpa | 2 | 50 |
| " " | 2 | 50 |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman Clark D Brandon | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | 5 | 00 |
| Vault Charges | | |
| Hearse Hose & Car | 5 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | | 00 |

Date of Death

Place of Death Millers Falls Mass

Place of Funeral At Home

Clergyman Clark D Brandon

Date of Burial July 1st

Where Interred Highland Cemetery

Grave or Lot No. Section

Location of Grave

Age 80 Years 11 Months 13 Days

Color White Occupation Retired

Single, Married, Widow, Widower Married

Birthplace Vermont

Last place of residence Millers Falls Mass

How long resident of this State

Husband's Name

Father's Name David Davidson

Country of Birth VT

Mother's Name Bethia Lumbar

Country of Birth VT

Physician Dr L P Woodbury

Cause of Death Accident

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

Funeral of William H. Browning

Date of Funeral July 7th Hour 1 P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | |
| Embalming | | 5 00 | Place of Death | |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. | Size 6 4 | 45 00 | Clergyman | |
| | | | Date of Burial | |
| Metal Inner Casket | Copper Zinc | | Where Interred | |
| Handles No. | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 5 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings | Handles | Plate | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age Years | Months Days |
| Burial Robe | | | Color | Occupation |
| Slippers | Prs. | Gloves | Single, Married, Widow, Widower | |
| 1 doz | Doz. Chairs | | Birthplace | |
| Personal Attandance and Assistants | | 2 00 | Last place of residence | |
| Drapery | Candelabra | Candles | How long resident of this State | |
| Pedestals | Rug | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers | | | Physician | |
| | | | Cause of Death | |
| | | | | |
| Porters and | Gloves | | Ordered by | |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| | | | July 7 | 50 00 |
| Clergyman | | | " 24 | 30 00 |
| Sexton | | | | |
| Quartette, Soloist | Organist | | | |
| Delivering Box to | | | | |
| Opening Grave | Lining | | | |
| Vault Charges | | | | |
| Hearse | | | | |
| Coaches | | | | |
| | | | | |
| | | | | |
| Telegrams | Telephone | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | | | |

14

Funeral of John M. Davis

Date of Funeral July 26" Hour Two P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming | | 5 00 | |
| Shaving and Laying Out | | | |
| Casket No. | Size 6 71 | 45 00 | |
| | | | |
| Metal Inner Casket | Copper Zinc | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 5 00 | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings | Handles Plate | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers | Prs. Gloves | | |
| One | Doz. Chairs | | |
| Personal Attandance and Assistants | | 5 00 | |
| Drapery | Candelabra Candles | | |
| Pedestals | Rug | | |
| | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| | Palms | | |
| Flowers | Pillow marked Mother | 5 00 | |
| | | | |
| | | | |
| | Porters and Gloves | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman Rev Brownell | | | |
| Sexton | | | |
| Quartette, Soloist | Organist | | |
| Delivering Box to | | | |
| Opening Grave at Cemetery | Lining | 4 00 | |
| Vault Charges | | | |
| Hearse | | 5 00 | |
| Coaches Two Hacks to & fr | | 12 00 | |
| One | with Team | 6 00 | |
| | | | |
| Telegrams | Telephone | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | $ 72 00 | |

Date of Death July 23

Place of Death Marshall Mass

Place of Funeral

Clergyman Rev Brownell

Date of Burial July 26"

Where Interred Highland Cemetery in Ft.

Grave or Lot No. Section

Location of Grave

Age 65 Years 6 Months Days

Color White Occupation Housewife

Single, Married, Widow, Widower Married

Birthplace Paxton Mass

Last place of residence Kendall Mass

How long resident of this State

Husband's Name John Davis

Father's Name Artemus Crowly

Country of Birth Mass

Mother's Name Hannah Livermore

Country of Birth Mass

Physician Dr. Bowker Athol Mass

Cause of Death Consumption of Lungs

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

Funeral of Raymond H. Richardson

Date of Funeral Aug 18" Hour M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Aug 15" 1915 |
| Embalming | | 5 00 | Place of Death | Millbury Hosp. Erwing Sick |
| Shaving and Laying Out | | | Place of Funeral | Oxford Mass |
| Casket No. 132 Size 6 ft | | 45 00 | Clergyman | |
| | | | Date of Burial | Aug 18" |
| Metal Inner Casket Copper Zinc | | | Where Interred | Oxford Mass |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 5 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 18 Years 8 Months Days | |
| Burial Robe | Black | 5 00 | Color White Occupation | Chauffeur |
| Slippers Low Shoes Prs. Gloves | | 1 00 | Single, Married, Widow, Widower | Single |
| Doz. Chairs | | | Birthplace | Sutton Mass |
| Personal Attandance and Assistants | | | Last place of residence | Worcester |
| Drapery Candelabra Candles | | | How long resident of this State | 18 years |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | Hollis Richardson |
| CASH EXPENDITURES. | | | Country of Birth | Vermont |
| Door Dressing | | | Mother's Name | Mrs. Hollis |
| Palms | | | Country of Birth | Mass |
| Flowers | | | Physician | Dr. Woodbury Mass |
| | | | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | Hollis Richardson |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | Aug 15 | |
| Sexton | | | Aug 20 | " " 5 5 |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse | | | | |
| Coaches | | | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses Express on Body | | 3 53 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 64 53 | | |

16

Funeral of Sophie Spejewski

Date of Funeral Aug 21st 1905 Hour M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Aug 19th |
| Embalming | | | Place of Death Miller Falls |
| Shaving and Laying Out | | | Place of Funeral " " |
| Casket No. Size | | 10 00 | Clergyman |
| | | | Date of Burial Aug 21st |
| Metal Inner Casket Copper Zinc | | | Where Interred Turners Falls Mass |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age Years 2 Months 14 Days |
| Burial Robe | | | Color Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace Miller Falls |
| Personal Attandance and Assistants | | | Last place of residence |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Frank Spejewski |
| CASH EXPENDITURES. | | | Country of Birth Russia |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician Dr Woolbury |
| | | | Cause of Death Pneumonia |
| | | | |
| Porters and Gloves | | | Ordered by Frank Spejewski |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | By Cash |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches 1 Hack | | 5 00 | |
| 1 Carriage | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 15 00 | |

Funeral of Harlon H Pickett

Date of Funeral Aug 31st Hour Twelve P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | |
| Embalming Embalming | | 5 00 | Place of Death | |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. 132 Size 6 4 | | 45 00 | Clergyman | |
| | | | Date of Burial | |
| Metal Inner Casket Copper Zinc | | | Where Interred | |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | 5 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age Years Months Days | |
| Burial Robe | | | Color Occupation | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | |
| Doz. Chairs | | | Birthplace | |
| Personal Attandance and Assistants | | | Last place of residence | |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers | | | Physician | |
| | | | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |

RECEIVED ON ACCOUNT.

| | | | | | | |
|---|---|---|---|---|---|---|
| Clergyman | | | | | | |
| Sexton | | | | | | |
| Quartette, Soloist Organist | | | | | | |
| Delivering Box to | | | | | | |
| Opening Grave Lining | | | | | | |
| Vault Charges | | | | | | |
| Hearse Car & Personal Attendance | 10 00 | | | | | |
| Coaches | | | | | | |
| | | | | | | |
| | | | | | | |
| Telegrams Telephone | | | | | | |
| Transportation Expenses | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | 15 |
| Amount of Bill | 15 00 | | | | | |

18

Funeral of Mrs Hannah F Colter

Date of Funeral September 29" 1915 Hour 2.30 P. M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Size | 20 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | 5 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 30 | 00 |

Date of Death September 27" 1915

Place of Death Montague

Place of Funeral A. I. Home

Clergyman Tomblyn

Date of Burial September 29"

Where Interred Montague Mass

Grave or Lot No. Section

Location of Grave

Age 67 Years 6 Months 16 Days 1

Color W. Caste Occupation Housekeeper

Single, Married, Widow, Widower Divorced

Birthplace Mt. Leverette

Last place of residence Montague

How long resident of this State

Husband's Name James Colter

Father's Name Daniel Goss

Country of Birth Mass

Mother's Name Mary Pratt

Country of Birth Mass

Physician Dr. Cowles

Cause of Death Chronic

Ordered by Mrs. Bissell

Charge to Town of Montague

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Oct | 6 | Check | 30 | 00 |

Funeral of Irene Noyce

Date of Funeral September 30" 1915 Hour two P.M.

| | | | |
|---|---|---|---|
| *Removing Remains* To Cemetery | 1 | 50 | *Date of Death* September 30" 1915 |
| *Embalming* | | | *Place of Death* Millers Falls Mass |
| *Shaving and Laying Out* | | | *Place of Funeral* " " " |
| *Casket No.* ... *Size* | 6 | 50 | *Clergyman* |
| | | | *Date of Burial* September 30 |
| *Metal Inner Casket* ... *Copper* ... *Zinc* | | | *Where Interred* Millers Falls. Mass |
| *Handles No.* | | | *Grave or Lot No.* ... *Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings* ... *Handles* ... *Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age* ... *Years* ... *Months* ... 1 ... *Days* |
| *Burial Robe* | | | *Color* White *Occupation* |
| *Slippers* ... *Prs.* ... *Gloves* | | | *Single, Married, Widow, Widower* |
| ... *Doz. Chairs* | | | *Birthplace* Millers Falls. Mass |
| *Personal Attandance and Assistants* | | | *Last place of residence* |
| *Drapery* ... *Candelabra* ... *Candles* | | | *How long resident of this State* |
| *Pedestals* ... *Rug* | | | *Husband's Name* |
| | | | *Father's Name* Raymond Noyce |
| CASH EXPENDITURES. | | | *Country of Birth* Mass |
| *Door Dressing* | | | *Mother's Name* Sybel Noyce |
| ... *Palms* | | | *Country of Birth* Mass |
| *Flowers* | | | *Physician* Dr Cainsmith |
| | | | *Cause of Death* Premature Birth |
| | | | |
| ... *Porters and* ... *Gloves* | | | *Ordered by* |
| *Funeral Notices* | | | *Charge to* Raymond Noyce |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| *Clergyman* | | | |
| *Sexton* | | | |
| *Quartette, Soloist* ... *Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave* ... *Lining* | | 50 | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* | | | |
| | | | |
| | | | |
| *Telegrams* ... *Telephone* | | | |
| *Transportation Expenses* | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Amount of Bill* | 8 | 00 | 8 00 |

20

Funeral of James E Ball

Date of Funeral Oct 12 1915 Hour 1:30 P.M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Size 6 ft | 50 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| CASH EXPENDITURES. | | |
| Door Dressing | | |
| Palms | | |
| Flowers "Husband" | 5 | 00 |
| " Farther Pillow | 5 | 00 |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | 6 | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 71 | 00 |

| | |
|---|---|
| Date of Death | Oct 9 1915 |
| Place of Death | Montague Mass |
| Place of Funeral | Montague |
| Clergyman | Rev Tomblin |
| Date of Burial | Oct 12 1915 |
| Where Interred | |
| Grave or Lot No. | Section |
| Location of Grave | |
| | |
| | |
| | |
| | |
| Age 65 Years 8 Months | Days |
| Color white | Occupation farmer |
| Single, Married, Widow, Widower | married |
| Birthplace | Montague Mass |
| Last place of residence | Montague Mass |
| How long resident of this State | 65 yrs |
| Husband's Name | |
| Father's Name | Emery Ball |
| Country of Birth | Montague Mass |
| Mother's Name | Marcia Wright |
| Country of Birth | Montague Mass |
| Physician | Dr L Cook |
| Cause of Death | |
| Ordered by | |
| Charge to | |
| When rendered | |

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Oct | 19 | By Cash | 61 | |
| Nov | 30 | " | | 90 |
| Dec | 11 | | | 45 |
| " | 14 | | 8 | 45 |
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| | | | | |
| | | | | |
| | | | | |
| | | | 71 | 00 |

Funeral of Mrs Charles I Keeton

Date of Funeral Oct 18" Hour one P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming | 5 | 00 | |
| Shaving and Laying Out | | | |
| Casket No. 2-3½ Size 6 ft | | | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles. | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse 1 c Mountague | 6 | 00 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 5 | 00 | |

Date of Death Oct 16"

Place of Death Lake Pleasant Mass

Place of Funeral "

Clergyman Rev Blinn

Date of Burial Oct 19"

Where Interred Montague Mass

Grave or Lot No. Section

Location of Grave

Age 70 Years 8 Months Days

Color White Occupation Retired

Single, Married, Widow, Widower Married

Birthplace Pittsfield Mass

Last place of residence Lake Pleasant

How long resident of this State 90 years

Husband's Name Ira Keeton

Father's Name

Country of Birth Pittsfield Mass

Mother's Name Lura Cady

Country of Birth Hancock Mass

Physician Dr Woodbury

Cause of Death Old Age

Ordered by Miss Keeton

Charge to

When rendered

**RECEIVED ON ACCOUNT.**

| | | | | |
|---|---|---|---|---|
| Oct | 19 | By Cash | 5 | 00 |

Funeral of [illegible]

Date of Funeral [illegible] 1915 Hour 2 P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming | 5 00 | | |
| Shaving and Laying Out | | | |
| Casket No. 132 Size 6 F | 50 00 | | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To Turners Falls | 6 00 | | |
| Coaches Four Hacks for 7 P.M. | 24 00 | | |
| Two " for 2 P.M. | 5 00 | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | $90 00 | | |

Date of Death Nov. 5 1915

Place of Death Millers Falls Mass

Place of Funeral " "

Clergyman Rev Jas Kirby

Date of Burial Nov. 7 1915

Where Interred St Anns Cem. Turners Falls

Grave or Lot No. Section

Location of Grave

Age 61 Years 5 Months Days

Color White Occupation Card Grinder

Single, Married, Widow, Widower unmarried

Birthplace Canada

Last place of residence Halyoke

How long resident of this State

Husband's Name

Father's Name Peter Plouff

Country of Birth Canada

Mother's Name

Country of Birth Canada

Physician Dr Cudworth

Cause of Death

Ordered by Jas Basey

Charge to " "

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Nov | 19 | By Discount | 5 | |
| | | Cash | 85 | |

Funeral of Augusta C Wright

Date of Funeral November 9 1915 Hour 11 A.M.

| | | | | |
|---|---|---|---|---|
| *Removing Remains* | | | *Date of Death* | November 7 1915 |
| *Embalming* | 5 | 00 | *Place of Death* | Montague Mass |
| *Shaving and Laying Out* | | | *Place of Funeral* | " |
| *Casket No.* ... *Size* | 30 | 00 | *Clergyman* | Rev Tomblin |
| | | | *Date of Burial* | November 9 1915 |
| *Metal Inner Casket* ... *Copper* ... *Zinc* | | | *Where Interred* | Montague, Mass |
| *Handles No.* | | | *Grave or Lot No.* ... *Section* | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | 5 | 00 | *Location of Grave* | |
| *Lining and Pillow Set No.* | | | | |
| *Metal Lined Box* | | | | |
| *Mountings* ... *Handles* ... *Plate* | | | | |
| *Metal Vault, Style* | | | | |
| *Box Mattress* | | | *Age* 75 *Years* 7 *Months* ... *Days* ... | |
| *Burial Robe* | | | *Color* White *Occupation* Housekeeper | |
| *Slippers* ... *Prs.* ... *Gloves* | | | *Single, Married, Widow, Widower* | Widow |
| ... *Doz. Chairs* | | | *Birthplace* | Salem Mass |
| *Personal Attandance and Assistants* | 5 | 00 | *Last place of residence* | Montague Mass |
| *Drapery* ... *Candelabra* ... *Candles* | | | *How long resident of this State* | 75 years |
| *Pedestals* ... *Rug* | | | *Husband's Name* | |
| | | | *Father's Name* | Solomon Estey |
| CASH EXPENDITURES. | | | *Country of Birth* | Middleton Mass |
| *Door Dressing* | | | *Mother's Name* | Lydia Blake |
| ... *Palms* | | | *Country of Birth* | Northumberland |
| *Flowers* | | | *Physician* | Dr Leach |
| | | | *Cause of Death* | Apoplexy |
| | | | *Ordered by* | |
| ... *Porters and* ... *Gloves* | | | | |
| *Funeral Notices* | | | *Charge to* | [illegible] Funeral Co |
| | | | *When rendered* | Nov 11 1915 |
| | | | RECEIVED ON ACCOUNT. | |
| *Clergyman* | | | Mch 7 | 5 1 00 |
| *Sexton* | | | | |
| *Quartette, Soloist* ... *Organist* | | | | |
| *Delivering Box to* | | | | |
| *Opening Grave* ... *Lining* | | | | |
| *Vault Charges* | | | | |
| *Hearse* | 6 | 00 | | |
| *Coaches* | | | | |
| | | | | |
| | | | | |
| *Telegrams* ... *Telephone* | | | | |
| *Transportation Expenses* | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *Amount of Bill* | 51 | 00 | | |

24

Funeral of Hillman Reed

Date of Funeral Nov 15 Hour 2 P M.

| | | | |
|---|---|---|---|
| Removing Remains From Northampton | | | |
| Embalming | 5 | 00 | |
| Shaving and Laying Out | | | |
| Casket No. 67 Size 6 ft | 30 | 00 | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants Asst Embalmer | 5 | 00 | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| | | | |
| CASH EXPENDITURES. | | | |
| | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | 2 | 30 | |
| Vault Charges | | | |
| Hearse To Mountaygan | 6 | 00 | |
| Coaches | | | |
| To Northampton | | | |
| Town with Body | 3 | 00 | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 58 | 15 | |

Date of Death Nov 10

Place of Death Northampton

Place of Funeral Mountaygan Mass

Clergyman Rev Lamb

Date of Burial Nov 11

Where Interred Mountaygan Mass

Grave or Lot No. J Section

Location of Grave

Age 73 Years Months Days

Color White Occupation

Single, Married, Widow, Widower Married

Birthplace

Last place of residence Montayan

How long resident of this State

Husband's Name

Father's Name

Country of Birth Mass

Mother's Name

Country of Birth Vt

Physician

Cause of Death

Ordered by Mrs Reed

Charge to 189 Bridge St

When rendered Granby Mass

RECEIVED ON ACCOUNT.

| | | | | | |
|---|---|---|---|---|---|
| Feb | 7 | By Cash from State | | | |

Funeral of Mildred Aitken

Date of Funeral Nov 12 Hour 2 P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Nov 9 |
| Embalming | 5 | 00 | Place of Death Miller Falls |
| Shaving and Laying Out | | | Place of Funeral Home |
| Casket No. Nov Plush Size Fancy | 40 | 00 | Clergyman |
| | | | Date of Burial Nov 12 |
| Metal Inner Casket Copper Zinc | | | Where Interred Highland Cemetery |
| Handles No. | | | Grave or Lot No. 132 Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 8 Years 4 Months Days |
| Burial Robe | | | Color White Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace Miller Falls Mass |
| Personal Attandance and Assistants | 5 | 00 | Last place of residence Miller Falls |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Theodore Aitken |
| CASH EXPENDITURES. | | | Country of Birth England |
| Door Dressing | | | Mother's Name Mildred Dreight |
| Palms | | | Country of Birth Scotland |
| Flowers Cyn Bouquet | 1 | 50 | Physician Dr. G. [illegible] |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by Theodore Aitken |
| Funeral Notices | | | Charge to " " |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman Rev Simpson | | | Nov 20 By Bro Cash 5 00 |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | 4 | 00 | |
| Vault Charges | | | |
| Hearse | 5 | 00 | |
| Coaches 3 Double | 13 | 00 | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| To Lot # 132 | | | |
| | | | |
| | | | |
| Amount of Bill | 75 | 50 | |

26

Funeral of Emily B. Partridge

Date of Funeral Nov 29" Hour 10 - 30 A M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Nov 26" |
| Embalming | Body | 5 00 | Place of Death | Millers Falls Mass |
| Shaving and Laying Out | | | Place of Funeral | Millers Falls |
| Casket No. | Size 5/9 | 75 00 | Clergyman | Mr Brunsden |
| | | | Date of Burial | Nov 29" |
| Metal Inner Casket | Copper Zinc | | Where Interred | Royalston Center |
| Handles No. | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Chestnut | 15 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings | Handles | Plate | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 79 Years | Months 2 3 Days |
| Burial Robe | | | Color White | Occupation Housewife |
| Slippers | Prs Gloves | | Single, Married, Widow, Widower | Widowed |
| | Doz. Chairs | | Birthplace | Westminster Mass |
| Personal Attandance and Assistants | | 5 00 | Last place of residence | Millers Falls |
| Drapery | Candelabra Candles | | How long resident of this State | Life |
| Pedestals | Rug | | Husband's Name | Herman Partridge |
| | | | Father's Name | George A Miller |
| CASH EXPENDITURES. | | | Country of Birth | Mass |
| Door Dressing | | | Mother's Name | Mary Edgell |
| | Palms | | Country of Birth | Mass |
| Flowers | Floral Blanket | 15 00 | Physician | Dr C O Cudworth |
| | | | Cause of Death | Angina Pectoris Arteria Fibra |
| | | | Ordered by | E M Partridge |
| | Porters and Gloves | | Chargé to | " " |
| Funeral Notices | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | Mr Brunsden | | | |
| Sexton | | | | |
| Quartette, Soloist | Organist | | | |
| Delivering Box to | | | | |
| Opening Grave | at Cemetery Lining | 5 00 | | |
| Vault Charges | | | | |
| Hearse | From House to Station | 5 00 | | |
| Coaches | 2 Hacks from Station to Royalston | 12 00 | | |
| | 1 Hack | 3 00 | | |
| | | | | |
| Telegrams | Telephone | | | |
| Transportation Expenses | For Body | 1 00 | | |
| | Tickets To Athol | 39 | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 146 39 | | |

Funeral of Frances Temple

Date of Funeral Dec 13" Hour one P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming Embalming Body | | 15 | 00 |
| Shaving and Laying Out | | | |
| Casket No. 23 Size 6 ft | | 70 | 00 |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | 50 | 00 |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe Burial Dress | | 10 | 00 |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | 5 | 00 |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman Rev Brownell | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Opening grave Lining | | 6 | 00 |
| Vault Charges | | | |
| Hearse Auto to Greenfield | | | |
| Coaches with Body | | 5 | 00 |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses Boy to Greenfield Cemetery | | 3 | 00 |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 114 | 00 |

Date of Death Dec 9" 1915

Place of Death Miller Falls Mass

Place of Funeral " "

Clergyman Rev C Brownell

Date of Burial Dec 13"

Where Interred Green River Cemetery Greenfield Mass

Grave or Lot No. Section

Location of Grave

Age 75 Years Months Days

Color White Occupation

Single, Married, Widow, Widower Single

Birthplace Greenfield Mass

Last place of residence Miller Falls

How long resident of this State

Husband's Name Eli Temple

Father's Name Eli Temple

Country of Birth Mass

Mother's Name Rebecca Burnham

Country of Birth Mass

Physician Dr Cudworth

Cause of Death

Ordered by

Charge to Estate of Frances Temple

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| July | 27 | By check | 114 | 00 |
| | | | | |
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| | | | | |
| | | | 114 | 00 |

Funeral of Alphonzo H. Bartlett
Date of Funeral Dec 28" Hour 1/2 1 M.

| | | |
|---|---|---|
| *Removing Remains* | | |
| *Embalming* Body | 5 | 00 |
| *Shaving and Laying Out* ✓ | | |
| *Casket No.* National *Size* 6 ft 1 | 40 | 00 |
| | | |
| *Metal Inner Casket* ... *Copper* ... *Zinc* | | |
| *Handles No.* | | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* Pine | 5 | 00 |
| *Lining and Pillow Set No.* | | |
| *Metal Lined Box* | | |
| *Mountings* ... *Handles* ... *Plate* | | |
| *Metal Vault, Style* | | |
| *Box Mattress* | | |
| *Burial Robe* | | |
| *Slippers* ... *Prs.* ... *Gloves* | | |
| ... *Doz. Chairs* | | |
| *Personal Attandance and Assistants* | | |
| *Drapery* ... *Candelabra* ... *Candles* | | |
| *Pedestals* ... *Rug* | | |

CASH EXPENDITURES.

| | | |
|---|---|---|
| *Door Dressing* | | |
| ... *Palms* | | |
| *Flowers* two doz Pinks | 4 | 00 |
| | | |
| | | |
| ... *Porters and* ... *Gloves* | | |
| *Funeral Notices* | | |
| | | |
| | | |
| | | |
| *Clergyman* Mr Brunsden | | |
| *Sexton* | | |
| *Quartette, Soloist* ... *Organist* | | |
| *Delivering Box to* | | |
| *Opening Grave* Cemetery *Lining* ✓ | 5 | 00 |
| *Vault Charges* | | |
| *Hearse* | 6 | 00 |
| *Coaches* 3 Hacks | 15 | 00 |
| 1 Double Sleigh | 3 | 00 |
| | | |
| *Telegrams* ... *Telephone* | | |
| *Transporiation Expenses* | | |
| | | |
| | | |
| | | |
| | | |
| *Amount of Bill* | 83 | 00 |

*Date of Death* Dec 26
*Place of Death* Miller Falls Mass
*Place of Funeral* Hotel Home
*Clergyman* Mr. A Brunsden
*Date of Burial* Dec 28/10
*Where Interred* Highland Cemetery
*Grave or Lot No.* 1 *Section*
*Location of Grave*

*Age* 70 *Years* 1 *Months* 8 *Days*
*Color* White *Occupation* Mechanic
*Single, Married, Widow, Widower* Widowed
*Birthplace* Mass
*Last place of residence* Miller Falls
*How long resident of this State*
*Husband's Name*
*Father's Name* Prentiss Bartlett
*Country of Birth* Mass
*Mother's Name* Mary [illegible]
*Country of Birth* Mass
*Physician* Dr Cudworth
*Cause of Death*

*Ordered by* Herbert Leland
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Dec | 28 | By cash | 56 | 00 |
| | 31 | " " | 27 | 00 |
| | | | 83 | 00 |

Funeral of Lucinda M. Howard

Date of Funeral Jan 1st 1916 Hour ........ M.

| Item | $ | cts |
|---|---|---|
| *Removing Remains* | | |
| *Embalming* | | |
| *Shaving and Laying Out* | | |
| *Casket No.* ........ *Size* 3' 6" | 15 | 00 |
| | | |
| *Metal Inner Casket* ........ *Copper* ........ *Zinc* | | |
| *Handles No.* | | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | |
| *Lining and Pillow Set No.* | | |
| *Metal Lined Box* | | |
| *Mountings* ........ *Handles* ........ *Plate* | | |
| *Metal Vault, Style* | | |
| *Box Mattress* | | |
| *Burial Robe* | | |
| *Slippers* ........ *Prs* ........ *Gloves* | | |
| ........ *Doz. Chairs* | | |
| *Personal Attandance and Assistants* | | |
| *Drapery* ........ *Candelabra* ........ *Candles* | | |
| *Pedestals* ........ *Rug* | | |
| **CASH EXPENDITURES.** | | |
| *Door Dressing* | | |
| ........ *Palms* | | |
| *Flowers* | | |
| | | |
| | | |
| ........ *Porters and* ........ *Gloves* | | |
| *Funeral Notices* | | |
| | | |
| | | |
| | | |
| *Clergyman* | | |
| *Sexton* | | |
| *Quartette, Soloist* ........ *Organist* | | |
| *Delivering Box to* | | |
| *Opening Grave* ........ *Lining* | | |
| *Vault Charges* | | |
| *Hearse* | | |
| *Coaches* | | |
| | | |
| | | |
| *Telegrams* ........ *Telephone* | | |
| *Transportation Expenses* | | |
| | | |
| | | |
| | | |
| | | |
| *Amount of Bill* | | |

*Date of Death* Dec 31st 1915

*Place of Death* Leverett

*Place of Funeral* " "

*Clergyman* ........

*Date of Burial* Jan 1st 1916

*Where Interred* Leverett

*Grave or Lot No.* ........ *Section* ........

*Location of Grave* ........

*Age* 1 *Years* 11 *Months* ........ *Days* ........

*Color* White *Occupation* ........

*Single, Married, Widow, Widower* Single

*Birthplace* Leverett

*Last place of residence* Leverett Mass

*How long resident of this State* ........

*Husband's Name* ........

*Father's Name* Elton V Howard

*Country of Birth* Leverett Mass

*Mother's Name* Eva [illegible]

*Country of Birth* Leverett Mass

*Physician* [illegible]

*Cause of Death* Scarlet Fever

*Ordered by* F. N. Bowen

*Charge to* E. V. Howard

*When rendered* ........

RECEIVED ON ACCOUNT.

| | | | $ | cts |
|---|---|---|---|---|
| Nov | 2 | | 15 | 00 |
| | | | 15 | 00 |

30

Funeral of Paul Morrissey

Date of Funeral Jan 3rd P Hour Two M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Jan 2nd 1916 |
| Embalming | | | Place of Death | Miller Falls |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. Size | | 5 00 | Clergyman | |
| | | | Date of Burial | Jan 3 |
| Metal Inner Casket Copper Zinc | | | Where Interred | Evergreen Cemetery |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 1 50 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age Years | 1 Months 2 Days |
| Burial Robe | | | Color | White Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | |
| Doz. Chairs | | | Birthplace | Miller Falls Mass |
| Personal Attandance and Assistants | | | Last place of residence | " " |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | Henry Morrissey |
| CASH EXPENDITURES. | | | Country of Birth | Nashua N H |
| Door Dressing | | | Mother's Name | Josephine Sears |
| Palms | | | Country of Birth | U S |
| Flowers 1 Doz Carnations Pink & Green | | 1 25 | Physician | Dr Cudworth |
| | | | Cause of Death | |
| Porters and Gloves | | | Ordered by | Henry Morrissey |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | Jan 4 By Cash | 15 75 |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Pittsfield Lining | | 3 00 | | |
| Vault Charges | | | | |
| Hearse | | | | |
| Coaches 1 Hack ½ | | 5 00 | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 15 75 | | |

Funeral of Mrs Edda Hill

Date of Funeral Jan 11" Hour Two M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | |
| *Embalming* | | | |
| *Shaving and Laying Out* | | | |
| *Casket No.* ..... *Size* | | | |
| | | | |
| *Metal Inner Casket* ..... *Copper* ..... *Zinc* | | | |
| *Handles No.* | | | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings* ..... *Handles* ..... *Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | |
| *Burial Robe* | | | |
| *Slippers* ..... *Prs.* ..... *Gloves* | | | |
| ..... *Doz. Chairs* | | | |
| *Personal Attandance and Assistants* | 10 | 00 | |
| *Drapery* ..... *Candelabra* ..... *Candles* | | | |
| *Pedestals* ..... *Rug* | | | |
| | | | |
| CASH EXPENDITURES. | | | |
| | | | |
| *Door Dressing* | | | |
| ..... *Palms* | | | |
| *Flowers* | | | |
| | | | |
| | | | |
| ..... *Porters and* ..... *Gloves* | | | |
| *Funeral Notices* | | | |
| | | | |
| | | | |
| | | | |
| *Clergyman* Mr Brunden | 5 | 00 | |
| *Sexton* | | | |
| *Quartette, Soloist* ..... *Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave* Pittsfield ..... *Lining* | | | |
| *Vault Charges* | | | |
| *Hearse* To Highland Cemetery | 5 | 00 | |
| *Coaches* Four Hacks | 20 | 00 | |
| | | | |
| | | | |
| *Telegrams* ..... *Telephone* | | | |
| *Transportation Expenses* | | | |
| | | | |
| | | | |
| | | | |
| *Amount of Bill* | 40 | 00 | |

*Date of Death* Jan 8" 1916

*Place of Death* Cambridge Mass

*Place of Funeral* Walters Falls Mass

*Clergyman* Rev A Brunden

*Date of Burial* Jan 11"

*Where Interred* Highland Cemetery

*Grave or Lot No.* ..... *Section* .....

*Location of Grave*

*Age* 66 *Years* ..... *Months* ..... *Days*

*Color* White *Occupation* Farmer's

*Single, Married, Widow, Widower* Married

*Birthplace*

*Last place of residence* Cambridge Mass

*How long resident of this State* V

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by* Mrs Leo White

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

| | | | | | |
|---|---|---|---|---|---|
| Jan | 11 | Cash | | 40 | 00 |

32

Funeral of Child of Jno Howard Jr. & Lennie

Date of Funeral June 12th Hour M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | |
| Embalming | | | Place of Death | |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. Eight Size 2/6 | | 12 00 | Clergyman | |
| | | | Date of Burial | |
| Metal Inner Casket Copper Zinc | | | Where Interred | |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age Years Months Days | |
| Burial Robe | | | Color Occupation | |
| Slippers White Prs. Gloves | | 65 | Single, Married, Widow, Widower | |
| Doz. Chairs | | | Birthplace | |
| Personal Attandance and Assistants | | | Last place of residence | |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers Carnations | | 3 00 | Physician | |
| | | | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |

RECEIVED ON ACCOUNT.

| | | | | | |
|---|---|---|---|---|---|
| Clergyman | | | June 11 | Cash | 15 65 |
| Sexton | | | | | |
| Quartette, Soloist Organist | | | | | |
| Delivering Box to | | | | | |
| Opening Grave Lining | | | | | |
| Vault Charges | | | | | |
| Hearse | | | | | |
| Coaches | | | | | |
| | | | | | |
| | | | | | |
| Telegrams Telephone | | | | | |
| Transportation Expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount of Bill | | 15 65 | | | 15 65 |

Funeral of Mrs Wm Cudworth

Date of Funeral Feb 11" Hour Two P M.

| | | |
|---|---|---|
| Removing Remains From Hospital | 3 | 00 |
| Embalming Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. 132 Size 6 ft | 50 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. Ext bar | 5 | 00 |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses Body to Station | 2 | 00 |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 65 | 00 |

Date of Death Feb 8"

Place of Death Farren Hospital

Place of Funeral South Ashburnham Mass

Clergyman

Date of Burial Feb 11"

Where Interred Ashburnham

Grave or Lot No. Section

Location of Grave

Age 55 Years Months Days

Color White Occupation Housewife

Single, Married, Widow, Widower Married

Birthplace Vermont

Last place of residence South Ashburnham Mass

How long resident of this State

Husband's Name William Cudworth

Father's Name

Country of Birth Ireland

Mother's Name

Country of Birth Ireland

Physician Dr C D Cudworth

Cause of Death

Ordered by Wm Cudworth

Charge to " "

When rendered Feb 11"

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Feb | 12 | Cash | 65 | 00 |

34

Funeral of David C. Marsh

Date of Funeral Mch 3rd Hour two P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Mch 1st 1916 |
| Embalming | | 5 00 | Place of Death | Montague Mass |
| Shaving and Laying Out | | | Place of Funeral | " " |
| Casket No. 123 Size 6 ft Oak | | 45 00 | Clergyman | |
| | | | Date of Burial | Mch 3rd |
| Metal Inner Casket Copper Zinc | | | Where Interred | Montague Mass |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | 5 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 81 Years Oct Months Days | |
| Burial Robe Black | | 6 00 | Color White Occupation Farmer | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Widower | |
| Doz. Chairs | | | Birthplace Montague | |
| Personal Attandance and Assistants | | 5 00 | Last place of residence " " | |
| Drapery Candelabra Candles | | | How long resident of this State 81 years | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | Montague |
| Door Dressing | | | Mother's Name | Other |
| Palms | | | Country of Birth | Vermont |
| Flowers | | | Physician | Dr. Smith |
| | | | Cause of Death | |
| Porters and Gloves | | | Ordered by | Estate D. Marsh |
| Funeral Notices | | | Charge to | Mrs C Clough |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | July 6 Cash | 72 00 |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse To Montague Mass | | 6 00 | | |
| Coaches | | | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transporiation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 72 00 | | 72 00 |

Funeral of Samuel A. Gaylord

Date of Funeral Mch 8th Hour Two — P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | Adams House | 3 | 00 | |
| Embalming | | 5 | 00 | |
| Shaving and Laying Out | | | | |
| Casket No. | Size 6.8" | 45 | 00 | |
| | | | | |
| Metal Inner Casket | Copper Zinc | | | |
| Handles No. | | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 5 | 00 | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings | Handles Plate | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | | |
| Burial Robe | | | | |
| Slippers | Prs. Gloves | | | |
| | Doz. Chairs | | | |
| Personal Attandance and Assistants | Personal | 5 | 00 | |
| Drapery | Candelabra Candles | | | |
| Pedestals | Rug | | | |
| | | | | |
| CASH EXPENDITURES. | | | | |
| Door Dressing | | | | |
| | Palms | | | |
| Flowers | | | | |
| | | | | |
| | | | | |
| | Porters and Gloves | | | |
| Funeral Notices | | | | |
| | | | | |
| | | | | |
| | | | | |
| Clergyman | | | | |
| Sexton | | | | |
| Quartette, Soloist | Organist | | | |
| Delivering Box to | | | | |
| Opening Grave | Lining | | | |
| Vault Charges | Northfield Town | 1 | 00 | |
| Hearse | Town To Northfield | 3 | 00 | |
| Coaches | | | | |
| Apr. 28 Carrying body to Hadley | | 6 | 00 | |
| | | | | |
| Telegrams | Telephone | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 73 | 10 | |

Date of Death Mch 7th 1916

Place of Death Montague Adams House

Place of Funeral Church

Clergyman Rev A Brownell

Date of Burial Mch 9 Burnt Hill

Where Interred South Hadley

Grave or Lot No. Section

Location of Grave

Age 88 Years 8 Months Days

Color White Occupation Retired

Single, Married, Widow, Widower Widower

Birthplace South Hadley

Last place of residence Montague

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician Dr Culver th

Cause of Death

Ordered by Wm Pickett

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Feb | 11 | Cash | 73 | 00 |
| | | | | |
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| | | | | |
| | | | 73 | 00 |

36

Funeral of Herbert M Luey

Date of Funeral Mch 24" 1 Hour 3 P M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. Size | | |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 15 | 00 |
| Drapery Candelabra Candles. | | |
| Pedestals Rug | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| Lot 132 | 10 | 00 |
| | | |
| Clergyman | | |
| Sexton Opening grave & trim | 6 | 50 |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges Trackmen for Handling | | |
| Hearse 1 to Cemetery | 5 | 00 |
| Coaches 3 Hacks | 15 | 00 |
| 1 Carryol | 3 | 00 |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 57 | 50 |

Date of Death

Place of Death

Place of Funeral

Clergyman

Date of Burial

Where Interred

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color Occupation

Single, Married, Widow, Widower

Birthplace

Last place of residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Apr | 28 | check | 57 | 50 |
| | | | | |
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| | | | | |
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| | | | | |
| | | | 57 | 50 |

Funeral of Harlan P. Brannan

Date of Funeral March 24" Hour one 30 P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | March 21" 1916 |
| Embalming | Y Caring for Body | 5 00 | Place of Death | Erving Mass |
| Shaving and Laying Out | | | Place of Funeral | Erving " |
| Casket No. One Thirty Two | Size 6 71 | 45 00 | Clergyman | Rev Mr Brandon |
| | | | Date of Burial | March 24" |
| Metal Inner Casket | Copper Zinc | | Where Interred | Northfield Farms Town |
| Handles No. | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Paint | 5 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings | Handles | Plate | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age | 67 Years Months 14 Days |
| Burial Robe | Black Broadcloth | 5 00 | Color | White Occupation Carpenter |
| Slippers | Prs. Gloves | | Single, Married, Widow, Widower | Married |
| Doz. Chairs | | | Birthplace | Goshen Mass |
| Personal Attandance and Assistants | | | Last place of residence | Erving Mass |
| Drapery | Candelabra Candles | | How long resident of this State | |
| Pedestals | Rug | | Husband's Name | |
| | | | Father's Name | Samuel Brannan |
| CASH EXPENDITURES. | | | Country of Birth | Mass |
| Door Dressing | | | Mother's Name | Lara Healy |
| Palms | | | Country of Birth | Mass |
| Flowers | 1 Pillow Easter | 5 00 | Physician | Dr Woodbury |
| | 1½ Doz Roses | 2 25 | Cause of Death | Valvular Heart trouble |
| | | | | |
| Porters and | Gloves | | Ordered by | Miss Harlan Brannan |
| Funeral Notices | | | Charge to | " " |
| | | | When rendered | |

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Clergyman | Mr Brandon | | | |
| Sexton | Northfield Farms Town | | | |
| Quartette, Soloist | Organist | | | |
| Delivering Box to | | | | |
| Opening Grave | Lining | | | |
| Vault Charges | | | | |
| Hearse | Erving to Town | 6 00 | | |
| Coaches | 2 Two sent from T. H. | 8 00 | | |
| | 1 " " " " M. H. | 3 00 | | |
| | (1 " " " Brannan) | 3 00 | | |
| Telegrams | Telephone | | | |
| Transportation Expenses | | | | |
| Amount of Bill | | | Mar 31 Cash | 87 75 |
| | | | | 87 75 |

38

Funeral of Elmer E Briggs

Date of Funeral March 30th 1916 Hour 2 P M.

| | | | |
|---|---|---|---|
| Removing Remains from Franklin County Hospital | | 6 | 00 |
| Embalming | | 5 | 00 |
| Shaving and Laying Out | | | |
| Casket No. Cheap Size 6 ft | | 35 | 00 |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe Black | | 5 | 00 |
| Slippers Prs Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | 5 | 00 |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 56 | 00 |

Date of Death

Place of Death

Place of Funeral

Clergyman

Date of Burial

Where Interred

Grave or Lot No. Section

Location of Grave



Age Years Months Days

Color Occupation

Single, Married, Widow, Widower

Birthplace

Last place of residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| 1917 Jan | 2 | | 5 | 0 |

Funeral of Mr Swasey

Date of Funeral April 16" Hour M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | Slatin D | | | Date of Death |
| Embalming | Cemetery | | | Place of Death |
| Shaving and Laying Out | | | | Place of Funeral |
| Casket No. | Size | | | Clergyman |
| | | | | Date of Burial |
| Metal Inner Casket | Copper | Zinc | | Where Interred |
| Handles No. | | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | | Location of Grave |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings | Handles | Plate | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | | Age Years Months Days |
| Burial Robe | | | | Color Occupation |
| Slippers | Prs. | Gloves | | Single, Married, Widow, Widower |
| | Doz. Chairs | | | Birthplace |
| Personal Attandance and Assistants | | | | Last place of residence |
| Drapery | Candelabra | Candles | | How long resident of this State |
| Pedestals | | Rug | | Husband's Name |
| | | | | Father's Name |
| CASH EXPENDITURES. | | | | Country of Birth |
| Door Dressing | | | | Mother's Name |
| | Palms | | | Country of Birth |
| Flowers Miss Partridge | | 3 00 | | Physician |
| | | | | Cause of Death |
| | | | | |
| | Porters and | Gloves | | Ordered by Mr. Partridge |
| Funeral Notices | | | | Charge to |
| | | | | When rendered |
| | | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | | Apr. 7 By Cash 20 00 |
| Sexton | | | | " " 3 00 |
| Quartette, Soloist | | Organist | | |
| Delivering Box to | | | | |
| Opening Grave | | Lining | 5 00 | |
| Vault Charges | | | | |
| Hearse To Cemetery | | | 5 00 | |
| Coaches 1 Hack | | | 5 00 | |
| Personal Attendance | | | 3 00 | |
| | | | | |
| Telegrams | | Telephone | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | | 23 00 | 23 00 |

40

Funeral of Child of Mr Howard Everett Dunn

Date of Funeral _____ Hour _____ M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | *Date of Death* |
| *Embalming* | | | *Place of Death* |
| *Shaving and Laying Out* | | | *Place of Funeral* |
| *Casket No.* *Size* | | 10 10 | *Clergyman* |
| | | | *Date of Burial* |
| *Metal Inner Casket* *Copper* *Zinc* | | | *Where Interred* |
| *Handles No.* | | | *Grave or Lot No.* *Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings* *Handles* *Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age* *Years* 4 *Months* *Days* |
| *Burial Robe* | | | *Color* *Occupation* |
| *Slippers* *Prs.* *Gloves* | | | *Single, Married, Widow, Widower* |
| *Doz. Chairs* | | | *Birthplace* |
| *Personal Attandance and Assistants* | | | *Last place of residence* |
| *Drapery* *Candelabra* *Candles* | | | *How long resident of this State* |
| *Pedestals* *Rug* | | | *Husband's Name* |
| | | | *Father's Name* |
| CASH EXPENDITURES. | | | *Country of Birth* |
| *Door Dressing* | | | *Mother's Name* |
| *Palms* | | | *Country of Birth* |
| *Flowers* | | | *Physician* |
| | | | *Cause of Death* |
| | | | |
| *Porters and* *Gloves* | | | *Ordered by* Mr Howard |
| *Funeral Notices* | | | *Charge to* |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| *Clergyman* | | | Cash 10 00 |
| *Sexton* | | | |
| *Quartette, Soloist* *Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave* *Lining* | | | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* | | | |
| | | | |
| | | | |
| *Telegrams* *Telephone* | | | |
| *Transportation Expenses* | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Amount of Bill* | | 10 | 10 00 |

Funeral of Aldis A. Parker

Date of Funeral Apr 23rd Hour ........ M.

| | | |
|---|---|---|
| Removing Remains House of Mr Smith | 2 | 00 |
| Embalming Emb Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. ........ Size 6 ft | 45 | 00 |
| | | |
| Metal Inner Casket ........ Copper ........ Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings ........ Handles ........ Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers ........ Prs. ........ Gloves | | |
| ........ Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery ........ Candelabra ........ Candles | | |
| Pedestals ........ Rug | | |
| | | |
| **Cash Expenditures.** | | |
| Door Dressing | | |
| ........ Palms | | |
| Flowers | | |
| | | |
| | | |
| ........ Porters and ........ Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist ........ Organist | | |
| Delivering Box to | | |
| Opening Grave ........ Lining | | |
| Vault Charges Removing body to Stabling | 2 | 00 |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams ........ Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 60.00 | |

Date of Death ........

Place of Death ........

Place of Funeral ........

Clergyman ........

Date of Burial ........

Where Interred ........

Grave or Lot No. ........ Section ........

Location of Grave ........

Age ........ Years ........ Months ........ Days ........

Color ........ Occupation ........

Single, Married, Widow, Widower ........

Birthplace ........

Last place of residence ........

How long resident of this State ........

Husband's Name ........

Father's Name ........

Country of Birth ........

Mother's Name ........

Country of Birth ........

Physician ........

Cause of Death ........

Ordered by ........

Charge to ........

When rendered ........

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| April | 24 | | 60 | 00 |
| | | | 60 | 00 |

42

Funeral of Mrs Priscilla Burns

Date of Funeral May 14th 1916 Hour M.

| | | |
|---|---|---|
| Removing Remains | | 00 |
| Embalming | 5 | |
| Shaving and Laying Out | | 00 |
| Casket No. Size | 60 | |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | 00 |
| Outside Case, Pine, Chestnut, Oak, Mahogany | 5 | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | 1 | 50 |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | 5 | 00 |
| Vault Charges | | |
| Hearse auto auto | 5 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 81 | 50 |

Date of Death May 10" 1916

Place of Death Millers Falls. Mass

Place of Funeral Millers Falls - Home

Clergyman

Date of Burial May 14" 1916

Where Interred Highland Cemetery

Grave or Lot No. Section

Location of Grave

Age 86 Years Months Days

Color White Occupation Housekeeper

Single, Married, Widow, Widower Widow

Birthplace Bridgewater Vt

Last place of residence Millers Falls Mass

How long resident of this State

Husband's Name

Father's Name George Barrows

Country of Birth Mass

Mother's Name Priscilla Fuller

Country of Birth Mass

Physician Dr Woodbury

Cause of Death

Ordered by Mrs Emma Soper

Charge to

When rendered

**RECEIVED ON ACCOUNT.**

| | | | | |
|---|---|---|---|---|
| May | 15 | Cash | 50 | 00 |
| July | 7 | " | 31 | 50 |
| | | | | |
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| | | | | |
| | | | 81 | 50 |

Funeral of James Magac

Date of Funeral June 1st 1916 Hour M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | May 30th |
| Embalming | 5 | 00 | Place of Death | Northfield Mass |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. Size | 35 | 00 | Clergyman | |
| | | | Date of Burial | June 1st |
| Metal Inner Casket Copper Zinc | | | Where Interred | Turners Falls Mass |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 19 Years Months Days | |
| Burial Robe | | | Color White Occupation | Housewife |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | Married |
| Doz. Chairs | | | Birthplace | Poland |
| Personal Attandance and Assistants | | | Last place of residence | Northfield Mass |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | John Magac |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | Poland |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers | | | Physician | N. P. Wood Northfield |
| | | | Cause of Death | Killed by Train |
| | | | | |
| Porters and Gloves | | | Ordered by | John Magac |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | July 15 | 50 00 |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse To Northfield | 5 | 00 | | |
| Coaches One Hacks | 5 | 00 | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | 50 | 00 | | 50 00 |

44

Funeral of Edson J. Pratt

Date of Funeral June 18" 1916 Hour Two P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming Body | 5 | 00 | |
| Shaving and Laying Out | | | |
| Casket No. 5.6.9.0 National Size 6 ft | 100 | 00 | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Chestnut | 10 | 00 | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | 5 | 00 | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing Flowers for Sister | 3 | 00 | |
| Palms | | | |
| Flowers Pillows Husband & Father | 10 | 00 | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman Mr Brownson | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse Hearse | 5 | 00 | |
| Coaches 5 Hacks | 25 | 00 | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| Tie | | 25 | |
| Shirt | 1 | 00 | |
| Vests & Linings for Hat | 2 | 25 | |
| | | | |
| Amount of Bill | 165 | 50 | |

Date of Death June 15

Place of Death Walton Falls

Place of Funeral " "

Clergyman

Date of Burial June 18

Where Interred Walton Falls

Grave or Lot No. Section

Location of Grave

Age 62 Years Months Days

Color White Occupation Hgh. School

Single, Married, Widow, Widower Married

Birthplace Montgomery Mass.

Last place of residence Walton Falls

How long resident of this State

Husband's Name

Father's Name Samuel Pratt

Country of Birth Montgomery Mass.

Mother's Name Strattan

Country of Birth Bernardston Mass

Physician Dr C D Cudworth

Cause of Death

Ordered by Mrs E J Pratt

Charge to " "

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| July | 27 | By check | 165 | 50 |

| | | | | |
|---|---|---|---|---|
| | | | | |

Funeral of Berton A Howard

Date of Funeral July 19 1916 Hour two P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming Body | 5 | 00 | |
| Shaving and Laying Out | | | |
| Casket No. 132 Size 6 ft | 50 | 00 | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | 5 | 00 | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 60 | 00 | |

Date of Death July 17" 1916

Place of Death North Leverett Mass

Place of Funeral " "

Clergyman

Date of Burial July 19"

Where Interred North Leverett

Grave or Lot No. Section

Location of Grave

Age 23 Years Months Days

Color White Occupation Merchant

Single, Married, Widow, Widower Married

Birthplace Leverett Mass

Last place of residence

How long resident of this State

Husband's Name

Father's Name Amos Howard

Country of Birth Leverett Mass

Mother's Name Helen Dodge

Country of Birth Leverett

Physician Dr Stowell

Cause of Death

Ordered by Mrs Berton Howard "

Charge to Estate C E Hemenway

When rendered North Leverett

RECEIVED ON ACCOUNT.

Funeral of Annie E Barnes

Date of Funeral July 20" 1916 Hour 10 a-M.

| Item | Amount | |
|---|---|---|
| Removing Remains Lake Pleasant back to Station | 5 | 00 |
| Embalming Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. 132 Size 6 ft | 50 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **Cash Expenditures.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave at Oakmont Lining | 6 | 00 |
| Vault Charges | | |
| Hearse from Boston to Oakmont | 5 | 00 |
| Coaches one Auto to Lake | 3 | 00 |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses ticket to Boston | 3 | 37 |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 82 | 37 |

Date of Death July 18 1916

Place of Death Lake Pleasant

Place of Funeral " "

Clergyman

Date of Burial July 20

Where Interred Oakmont Mass

Grave or Lot No. 908 Section 10

Location of Grave

Age 79 Years 9 Months 10 Days

Color White Occupation

Single, Married, Widow, Widower Widowed

Birthplace Wiscasset Maine

Last place of residence Montague

How long resident of this State

Husband's Name Lucius Barnes

Father's Name Benjamin Bailey

Country of Birth Maine

Mother's Name Abigail Nutter

Country of Birth England

Physician: Dr Twitchell

Cause of Death Suicide Drowning

Ordered by Albert Blynn

Charge to Estate

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Aug | | | 82 | 37 |

Funeral of Miss Annie M. Weston

Date of Funeral July 26th 1916 Hour Two P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming Body | 5 | 00 | |
| Shaving and Laying Out | | | |
| Casket No. Size 6 ft | 45 | 00 | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To Montague Mass | 5 | 00 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 56 | 00 | |

Date of Death July 24th

Place of Death Lake Pleasant

Place of Funeral

Clergyman

Date of Burial July 26

Where Interred Montague Mass

Grave or Lot No. Section

Location of Grave

Age 71 Years 3 Months 20 Days

Color White Occupation Housewife

Single, Married, Widow, Widower Widower

Birthplace Ashland Mass

Last place of residence Lake Pleasant

How long resident of this State

Husband's Name Charles F Weston

Father's Name Charles Morse

Country of Birth Shutesbury Mass

Mother's Name Miss Eames

Country of Birth

Physician Dr Woodbury

Cause of Death Heart Disease

Ordered by Mrs Chaffin

Charge to Estate of [illegible]

When rendered

RECEIVED ON ACCOUNT.

| | | | |
|---|---|---|---|
| July 27 | By cash | | 56 00 |
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| | | | |
| | | | 56 00 |

Funeral of Stillborn

Date of Funeral Aug 12 Hour 1-30 P M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. Size | | |
| | $8 | 00 |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | $2 | 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |

CASH EXPENDITURES.

| | | |
|---|---|---|
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 10 | 00 |

Date of Death July 18 1914

Place of Death M.F. Montague

Place of Funeral " "

Clergyman

Date of Burial Aug 12 1914

Where Interred Highland Cem.

Grave or Lot No. Section

Location of Grave

Age Years Months Days Stillborn

Color Occupation

Single, Married, Widow, Widower

Birthplace M.F. Montague

Last place of residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name Josie Prowoski

Country of Birth

Physician

Cause of Death Stillborn

Ordered by

Charge to Josie Prowoski

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Aug | 17 | | $10 | 00 |
| | | | $10 | 00 |

Funeral of Robt G Curtis

Date of Funeral Oct 7" 1916 Hour Two P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Oct 4" 1916 |
| Embalming Body | | 5 00 | Place of Death Millers Falls Mass |
| Shaving and Laying Out | | | Place of Funeral " " " |
| Casket No. Size 6ft | | 60 00 | Clergyman [illegible] Shumway |
| | | | Date of Burial Oct 7" 16 |
| Metal Inner Casket Copper Zinc | | | Where Interred Highland Cemetery |
| Handles No. | | | Grave or Lot No. 105 Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 41 Years 3 Months 10 Days |
| Burial Robe [illegible] | | [illegible] | Color White Occupation Platter |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| Doz. Chairs | | | Birthplace Orange Mass |
| Personal Attandance and Assistants | | 5 00 | Last place of residence Millers Falls Mass |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name William H. Curtis |
| CASH EXPENDITURES. | | | Country of Birth Mass |
| Door Dressing | | | Mother's Name Lydia Harbush |
| Palms | | | Country of Birth Mass |
| Flowers Spray Lilies | | 10 00 | Physician Dr. J. [illegible] Shumway |
| | | | Cause of Death [illegible] |
| | | | |
| Porters and Gloves | | | Ordered by Mrs. Robt G. Curtis |
| Funeral Notices | | | Charge to " " " |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | [illegible] |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lot Lining | | 5 00 | |
| Vault Charges | | | |
| Hearse | | 5 00 | |
| Coaches Two Autos | | 15 00 | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 120 00 | [illegible] |

50

Funeral of [illegible]

Date of Funeral [illegible] Hour [illegible] A.M.

| | | | | |
|---|---|---|---|---|
| *Removing Remains* | | | *Date of Death* | [illegible] |
| *Embalming* | | | *Place of Death* | |
| *Shaving and Laying Out* | | | *Place of Funeral* | |
| *Casket No.* ..... *Size* | | | *Clergyman* | |
| | | | *Date of Burial* | |
| *Metal Inner Casket* ..... *Copper* ..... *Zinc* | | | *Where Interred* | |
| *Handles No.* | | | *Grave or Lot No.* ..... *Section* | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* | |
| *Lining and Pillow Set No.* | | | | |
| *Metal Lined Box* | | | | |
| *Mountings* ..... *Handles* ..... *Plate* | | | | |
| *Metal Vault, Style* | | | | |
| *Box Mattress* | | | *Age* ..... *Years* ..... *Months* ..... *Days* | |
| *Burial Robe* | | | *Color* ..... *Occupation* | |
| *Slippers* ..... *Prs.* ..... *Gloves* | | | *Single, Married, Widow, Widower* | |
| ..... *Doz. Chairs* | | | *Birthplace* | |
| *Personal Attandance and Assistants* | 10 | 00 | *Last place of residence* | |
| *Drapery* ..... *Candelabra* ..... *Candles* | | | *How long resident of this State* | |
| *Pedestals* ..... *Rug* | | | *Husband's Name* | |
| | | | *Father's Name* | |
| CASH EXPENDITURES. | | | *Country of Birth* | |
| *Door Dressing* | | | *Mother's Name* | |
| ..... *Palms* | | | *Country of Birth* | |
| *Flowers* | | | *Physician* | |
| | | | *Cause of Death* | |
| | | | | |
| ..... *Porters and* ..... *Gloves* | | | *Ordered by* George E. Judd | |
| *Funeral Notices* | | | *Charge to* % Battle Creek Sanatarium | |
| | | | *When rendered* Battle Creek — Mich | |
| | | | RECEIVED ON ACCOUNT. | |
| *Clergyman* | | | Dec 20 Check | 25 00 |
| *Sexton* | | | | |
| *Quartette, Soloist* ..... *Organist* | | | | |
| *Delivering Box to* [illegible] | 00 | | | |
| *Opening Grave* ..... *Lining* | | | | |
| *Vault Charges* | | | | |
| *Hearse* [illegible] | 10 | 00 | | |
| *Coaches* | | | | |
| | | | | |
| | | | | |
| *Telegrams* ..... *Telephone* | | | | |
| *Transporiation Expenses* | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *Amount of Bill* | | | | 25 00 |

Funeral of Mrs. Sarah Friary

Date of Funeral Oct 13" Hour 1 P M.

| | | | | | |
|---|---|---|---|---|---|
| Removing Remains | From Greenfield | | 5 | 00 | |
| Embalming | Body | | 5 | 00 | |
| Shaving and Laying Out | | | | | |
| Casket No. | Oak | Size | | | |
| | | | | | |
| Metal Inner Casket | Copper | Zinc | | | |
| Handles No. | | | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | | | | |
| Lining and Pillow Set No. | | | | | |
| Metal Lined Box | | | | | |
| Mountings | Handles | Plate | | | |
| Metal Vault, Style | | | | | |
| Box Mattress | | | | | |
| Burial Robe | | | | | |
| Slippers | Prs. | Gloves | | | |
| | Doz. Chairs | | | | |
| Personal Attandance and Assistants | | | 3 | 00 | |
| Drapery | Candelabra | Candles | | | |
| Pedestals | Rug | | | | |
| | | | | | |
| CASH EXPENDITURES. | | | | | |
| Door Dressing | | | | | |
| | Palms | | | | |
| Flowers | | | | | |
| | | | | | |
| | | | | | |
| | Porters and | Gloves | | | |
| Funeral Notices | | | | | |
| | | | | | |
| | | | | | |
| Clergyman | | | | | |
| Sexton | | | | | |
| Quartette, Soloist | | Organist | | | |
| Delivering Box to | | | | | |
| Opening Grave | | Lining | | | |
| Vault Charges | | | | | |
| Hearse | Conveyance | | 5 | 00 | |
| Coaches | " | | 3 | 00 | |
| | | | | | |
| | | | | | |
| Telegrams | | Telephone | | | |
| Transportation Expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount of Bill | | | 31 | | |

Date of Death Oct 10" 1916

Place of Death Greenfield Ind

Place of Funeral Erwin " "

Clergyman [illegible]

Date of Burial Oct 13"

Where Interred Erwin Cem

Grave or Lot No. Section

Location of Grave

Age 61 Years 1 Months 26 Days

Color W Occupation Housewife

Single, Married, Widow, Widower Married

Birthplace Orange Ind

Last place of residence Erwin

How long resident of this State

Husband's Name

Father's Name

Country of Birth England

Mother's Name

Country of Birth

Physician Dr Routh

Cause of Death Stroke

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Oct | 16 | | | |

52

Funeral of Grace Baker

Date of Funeral Oct 17" Hour Last 2 M.

| | | | | |
|---|---|---|---|---|
| Removing Remains From Hospital | | 3 | 00 | |
| Embalming | | 5 | 00 | |
| Shaving and Laying Out | | | | |
| Casket No. Size 4 11 | | 75 | 00 | |
| | | | | |
| Metal Inner Casket Copper Zinc | | | | |
| Handles No. | | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | | |
| Burial Robe Dress White | | 10 | 00 | |
| Slippers Prs. Gloves | | | | |
| Doz. Chairs | | | | |
| Personal Attandance and Assistants | | 5 | 00 | |
| Drapery Candelabra Candles | | | | |
| Pedestals Rug | | | | |
| | | | | |
| CASH EXPENDITURES. | | | | |
| Door Dressing Eagle & Cross | | 1 | 50 | |
| Palms 0 | | | | |
| Flowers Pillow — Wife | | 7 | 00 | |
| | | | | |
| | | | | |
| Porters and Gloves | | | | |
| Funeral Notices | | | | |
| [illegible] | | | | |
| | | | | |
| | | | | |
| Clergyman Brownden | | 5 | 00 | |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Pettingill Lining | | 5 | 00 | |
| Vault Charges | | | | |
| Hearse To Cemetery | | 5 | 00 | |
| Coaches 5 Hacks | | 25 | 00 | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| Bill of Flowers | | 2 | 65 | |
| | | | | |
| | | | | |
| Amount of Bill | | 145 | | |

Date of Death Oct 14

Place of Death [illegible] Hospital

Place of Funeral [illegible]

Clergyman Brownden

Date of Burial Oct 17"

Where Interred [illegible]

Grave or Lot No. 115 Section

Location of Grave

Age [illegible] Years [illegible] Months Days

Color Occupation

Single, Married, Widow, Widower Married

Birthplace [illegible]

Last place of residence [illegible]

How long resident of this State

Husband's Name [illegible]

Father's Name Walter Parsons

Country of Birth [illegible]

Mother's Name

Country of Birth

Physician [illegible]

Cause of Death

Ordered by [illegible]

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | | |
|---|---|---|---|---|---|
| Oct | 18 | Brownden | | 2 | 15 |
| | | Cash | | 15 | 00 |
| | | | | 17 | 15 |

Funeral of Nancy B Shattuck

Date of Funeral Oct 18" Hour two P. M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Oct 16" |
| Embalming | | 5 00 | Place of Death North field Farms |
| Shaving and Laying Out | | | Place of Funeral " " |
| Casket No. Size | | 50 00 | Clergyman |
| | | | Date of Burial Oct 18" |
| Metal Inner Casket Copper Zinc | | | Where Interred North field Farms |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 84 Years Months Days |
| Burial Robe | | | Color White Occupation Retired |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| Doz. Chairs | | | Birthplace Springfield Vermont |
| Personal Attandance and Assistants | | 5 00 | Last place of residence North field Mass |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Peter Paine |
| CASH EXPENDITURES. | | | Country of Birth Petersham Mass |
| Door Dressing | | | Mother's Name Lucy Wright |
| Palms | | | Country of Birth |
| Flowers | | | Physician |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by Undertaker at Nancy Shattuck |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | Feb 21 Check 65 00 |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | | |

54

Funeral of Catherine May Morrissey

Date of Funeral Nov 29th Hour 9.30 M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Nov 27 |
| Embalming | Body | 5 00 | Place of Death | Millbury Tuttle |
| Shaving and Laying Out | 1 | | Place of Funeral | St Johns Church |
| Casket No. 137 | Size 6 71 | 50 00 | Clergyman | |
| | | | Date of Burial | Nov 29th |
| Metal Inner Casket | Copper Zinc | | Where Interred | Greenfield Mass |
| Handles No. | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings | Handles | Plate | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 3 6 Years | Months Days |
| Burial Robe | | | Color White | Occupation |
| Slippers | Prs Gloves | | Single, Married, Widow, Widower | Single |
| 1 Day | Doz. Chairs | | Birthplace | [illegible] |
| Personal Attandance and Assistants | | 5 00 | Last place of residence | Millbury Tuttle |
| Drapery | Candelabra Candles | | How long resident of this State | |
| Pedestals | Rug | | Husband's Name | |
| | | | Father's Name | Morrissey |
| **CASH EXPENDITURES.** | | | Country of Birth | Ireland |
| Door Dressing | Carnation Ribbon | 1 50 | Mother's Name | Margaret Griffin |
| Palms | | | Country of Birth | Ireland |
| Flowers | | | Physician | Dr C O Condrevich |
| | | | Cause of Death | |
| | | | Ordered by | Mrs Morrissey |
| Porters and | Gloves | | Charge to | |
| Funeral Notices | | | When rendered | |
| | | | **RECEIVED ON ACCOUNT.** | |
| Clergyman | | | By Cash | 12 00 |
| Sexton | | | | |
| Quartette, Soloist | Organist | | | 79 00 |
| Delivering Box to | | | | |
| Opening Grave | Lining | 2 00 | | |
| Vault Charges | | | | |
| Hearse To Greenfield | | 6 00 | | |
| Coaches ~~4~~ 5 Hacks | 6 00 | 30 00 | | |
| | | | | |
| | | | | |
| Telegrams | Telephone | | | |
| Transporiation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 100 50 | | |

Funeral of Mrs L Booth

Date of Funeral Oct 22" Hour Two M.

| | | | |
|---|---|---|---|
| Removing Remains from Late Residence | | 3 | 00 |
| Embalming Body | | 5 | 00 |
| Shaving and Laying Out | | | |
| Casket No. | Size | 20 | 00 |
| | | | |
| Metal Inner Casket | Copper Zinc | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings | Handles Plate | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | Robe | 5 | 00 |
| Slippers | Prs. Gloves | | |
| | Doz. Chairs | | |
| Personal Attandance and Assistants | | | |
| Drapery | Candelabra Candles | | |
| Pedestals | Rug | | |
| | | | |
| CASH EXPENDITURES. | | | |
| | | | |
| Door Dressing | | | |
| | Palms | | |
| Flowers | | | |
| | | | |
| | | | |
| | Porters and Gloves | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist | Organist | | |
| Delivering Box to | | | |
| Opening Grave | Lining | | |
| Vault Charges | | | |
| Hearse Arrangements & Motor Car | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams | Telephone | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 13 | 00 |

Date of Death Oct 18

Place of Death Late Residence

Place of Funeral "

Clergyman

Date of Burial Oct 22

Where Interred Mountain View

Grave or Lot No. 1 Section

Location of Grave

Age 60 Years Months Days

Color White Occupation

Single, Married, Widow, Widower Widowed

Birthplace Pennsylvania

Last place of residence Late Residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by Son

Charge to

When rendered

RECEIVED ON ACCOUNT.

56

Funeral of Charles Scragg

Date of Funeral Dec 24 1916 Hour 1 P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Dec 21 1916 |
| Embalming | 5 | 00 | Place of Death | Montague Mass |
| Shaving and Laying Out | | | Place of Funeral | " |
| Casket No. 133 Size 6' 3" | 45 | 00 | Clergyman | Rev Whitney |
| 9 Bot | | | Date of Burial | Dec 24 1916 |
| Metal Inner Casket Copper Zinc | | | Where Interred | Highland |
| Handles No. | | | Grave or Lot No. 82 Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 42 Years 8 Months Days | |
| Burial Robe | 7 | 00 | Color White Occupation Farmer | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | married |
| Doz. Chairs | | | Birthplace | England |
| Personal Attandance and Assistants | 5 | 00 | Last place of residence | Montague |
| Drapery Candelabra Candles. | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | William Scragg |
| CASH EXPENDITURES. | | | Country of Birth | England |
| Door Dressing | | | Mother's Name | Not known |
| Palms | | | Country of Birth | England |
| Flowers | | | Physician | Dr Wardner |
| | | | Cause of Death | Tuberculosis |
| | | | Ordered by | Mrs Chas Scragg |
| Porters and Gloves | | | Charge to | |
| Funeral Notices | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | Dec 28 By Cash | 109 00 |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse | 5 | 00 | | |
| Coaches | 14 | 00 | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | 119 | | | |

Funeral of Arthur Hosler

Date of Funeral Jan 1st 1917 Hour M.

| | | | |
|---|---|---|---|
| Removing Remains | In Station | 5 | 00 |
| Embalming | Body | 5 | 00 |
| Shaving and Laying Out | | | |
| Casket No. | Size 6 ft | 50 | 00 |
| | | | |
| Metal Inner Casket | Copper | Zinc | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings | Handles | Plate | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers | Prs. | Gloves | |
| | Doz. Chairs | | |
| Personal Attandance and Assistants | | | |
| Drapery | Candelabra | Candles. | |
| Pedestals | Rug | | |

CASH EXPENDITURES.

| | | | |
|---|---|---|---|
| Door Dressing | | | |
| | Palms | | |
| Flowers | | | |
| | | | |
| | | | |
| | Porters and | Gloves | |
| Funeral Notices | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist | | Organist | |
| Delivering Box to | | | |
| Opening Grave | | Lining | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams | | Telephone | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | | |

Date of Death Dec 31st 1916

Place of Death Middle Falls N.Y.

Place of Funeral

Clergyman

Date of Burial Jan 3rd

Where Interred Jersie City

Grave or Lot No. Section

Location of Grave

Age 58 Years Months Days

Color White Occupation Painter

Single, Married, Widow, Widower Married

Birthplace Canada

Last place of residence N. J.

How long resident of this State

Husband's Name

Father's Name Arthur Hosler

Country of Birth Canada

Mother's Name Mary Chamberlain

Country of Birth Canada

Physician Dr C D Cudworth

Cause of Death Pneumonia

Ordered by Thomas Merriott

Charge to James Hosler
F 15 A Van Wagenen Ave

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| | | | | |
| | | | | |
| Rev | L | | 10 | 00 |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 60 | 00 |

58

Funeral of Henry Hoare

Date of Funeral Jan 2nd 1917 Hour M.

| | | | |
|---|---|---|---|
| Removing Remains Hunstown | 3 | 00 | Date of Death |
| Embalming and Caring for Body | 5 | 00 | Place of Death |
| Shaving and Laying Out | | | Place of Funeral |
| Casket No. Size 6 ft 1 | 20 | 00 | Clergyman |
| | | | Date of Burial |
| Metal Inner Casket Copper Zinc | | | Where Interred |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age Years Months Days |
| Burial Robe Black | 5 | 00 | Color Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace |
| Personal Attandance and Assistants | | | Last place of residence |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name |
| CASH EXPENDITURES. | | | Country of Birth |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To Cemetery North Ferrisburgh | 5 | 00 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transporiation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 98 | 00 | |

Funeral of Infant Child of Sam Williams

Date of Funeral ____ Hour ____ M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Jan 7th 1917 |
| Embalming | | | Place of Death | Mullin Trailer Mines |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. ____ Size | 6 | 00 | Clergyman | |
| | | | Date of Burial | Jan 7th |
| Metal Inner Casket ____ Copper ____ Zinc | | | Where Interred | Highland Cemetery |
| Handles No. | | | Grave or Lot No. ____ Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings ____ Handles ____ Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age ____ Years ____ Months ____ Days | |
| Burial Robe | | | Color ____ Occupation | |
| Slippers ____ Prs ____ Gloves | | | Single, Married, Widow, Widower | |
| ____ Doz. Chairs | | | Birthplace | Mullin Trailer Mines |
| Personal Attandance and Assistants | | | Last place of residence | |
| Drapery ____ Candelabra ____ Candles | | | How long resident of this State | |
| Pedestals ____ Rug | | | Husband's Name | |
| | | | Father's Name | Samuel Hulliam |
| CASH EXPENDITURES. | | | Country of Birth | England |
| Door Dressing | | | Mother's Name | Louisa Dec |
| ____ Palms | | | Country of Birth | England |
| Flowers | | | Physician | |
| | | | Cause of Death | |
| | | | | |
| ____ Porters and ____ Gloves | | | Ordered by | Samuel Williams |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | | |
| Sexton | | | | |
| Quartette, Soloist ____ Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave ____ Lining | | | | |
| Vault Charges | | | | |
| Hearse To Cemetery | 1 | 00 | | |
| Coaches | | | | |
| | | | | |
| | | | | |
| Telegrams ____ Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | 1 | 00 | | 1 00 |

60

Funeral of Mrs P Quinn 76 years

Date of Funeral Jan 15-17 Hour M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Jan 15 |
| Embalming | | 5 00 | Place of Death | Northfield Conn |
| Shaving and Laying Out | | | Place of Funeral | Ordway Conn |
| Casket No. Size Double Extra | | 60 00 | Clergyman | |
| | | | Date of Burial | Jan 17 |
| Metal Inner Casket Copper Zinc | | | Where Interred | Cathedral |
| Handles No. Extra Size | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | 3 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 64 Years Months 11 Days | |
| Burial Robe Black Robe | | 5 00 | Color White Occupation | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | Widowed |
| Doz. Chairs | | | Birthplace Conn | |
| Personal Attandance and Assistants | | | Last place of residence | Northfield Conn |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers | | | Physician | Dr Nicholas |
| | | | Cause of Death | Chronic Valvular Heart |
| | | | | |
| Porters and Gloves | | | Ordered by | David Wyman |
| Funeral Notices | | | Charge to | Send bill to Thos Dorr |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | Apr 11 | By Cash 85 00 |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse Mourning Body Sedan | | | | |
| Coaches Northfield to Brattleboro | | 10 00 | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 3 | | |

Funeral of Frederick C Mann

Date of Funeral Jan 26 1917 Hour 2 P M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | *Date of Death* Jan 23 1917 |
| *Embalming* | 5 | 00 | *Place of Death* Millers Falls Mass |
| *Shaving and Laying Out* | | | *Place of Funeral* " " |
| *Casket No.* ..... *Size* ..... | | | *Clergyman* Wm Brandon |
| | | | *Date of Burial* Jan 26 1917 |
| *Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... | | | *Where Interred* Highland Cemetery |
| *Handles No.* | | | *Grave or Lot No.* 120 *Section* Two |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings* ..... *Handles* ..... *Plate* ..... | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age* 51 *Years* 4 *Months* *Days* |
| *Burial Robe* | | | *Color* White *Occupation* R.R. Station Agt |
| *Slippers* ..... *Prs.* ..... *Gloves* ..... | | | *Single, Married, Widow, Widower* Married |
| ..... *Doz. Chairs* ..... | | | *Birthplace* Shelburne Falls Mass |
| *Personal Attandance and Assistants* | 5 | 00 | *Last place of residence* Millers Falls " |
| *Drapery* ..... *Candelabra* ..... *Candles* ..... | | | *How long resident of this State* 51 years |
| *Pedestals* ..... *Rug* ..... | | | *Husband's Name* |
| | | | *Father's Name* Hugh Mann |
| CASH EXPENDITURES. | | | *Country of Birth* Ireland |
| *Door Dressing* | | | *Mother's Name* Barbara Schneider |
| ..... *Palms* ..... | | | *Country of Birth* Germany |
| *Flowers* | | | *Physician* Wm F. C. Smith |
| | | | *Cause of Death* Pulmonary Tuberculosis |
| | | | |
| ..... *Porters and* ..... *Gloves* ..... | | | *Ordered by* Mrs F C Mann |
| *Funeral Notices* | | | *Charge to* " |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| *Clergyman* | | | |
| *Sexton* | | | |
| *Quartette, Soloist* ..... *Organist* ..... | | | |
| *Delivering Box to* | | | |
| *Opening Grave* ..... *Lining* ..... | 5 | 00 | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* to [illegible] | 3 | 00 | |
| | | | |
| | | | |
| *Telegrams* ..... *Telephone* ..... | | | |
| *Transportation Expenses* | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Amount of Bill* | | 00 | |

62

Funeral of Esther F. Williams

Date of Funeral Feb 3rd 1917 Hour 2 P M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. 68½ Size 6 ft | 50 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe Black Robe | 5 | 00 |
| Slippers Prs Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 63 | 00 |

Date of Death Feb 1

Place of Death Miller Falls Mass

Place of Funeral Smith Funeral Home

Clergyman

Date of Burial Feb 3rd

Where Interred Smith Leverett

Grave or Lot No. Section

Location of Grave

Age 76 Years Months Days

Color White Occupation

Single, Married, Widow, Widower

Birthplace

Last place of residence Leverett

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by Mrs Torrey

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Feb | 4 | Cash | 63 | 00 |

Funeral of Mrs Isadora F Ward

Date of Funeral [illegible] Hour 1 PM. 2 PM.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Feb 1" 1917 |
| Embalming Body | 5 | 00 | Place of Death | Millbury Falls |
| Shaving and Laying Out | | | Place of Funeral | " " |
| Casket No. Grey Size 6 ft | 65 | 00 | Clergyman | Brownell |
| | | | Date of Burial | Feb 4" |
| Metal Inner Casket Copper Zinc | | | Where Interred | Highland Cemetery |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 64 Years 7 Months 17 Days | |
| Burial Robe | | | Color White Occupation Housewife | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | Widowed |
| Doz. Chairs | | | Birthplace | So Clinton N. H. |
| Personal Attandance and Assistants | 5 | 00 | Last place of residence | Millbury Falls |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | Florence Wait |
| | | | Father's Name | Asa Lucy |
| CASH EXPENDITURES. | | | Country of Birth | N. H. |
| Door Dressing | | | Mother's Name | Mary Morgan |
| Palms | | | Country of Birth | Mass |
| Flowers for May Collins | 6 | 00 | Physician | Dr Woodworth |
| | | | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | | |
| Sexton | | | | |
| Quartette, Soloist Organist | | | Nov 1917 " " | 50 00 |
| Delivering Box to | | | " Dis | 8 00 |
| Opening Grave Lining | 5 | 00 | | |
| Vault Charges | | | | |
| Hearse [illegible] | [illegible] | | | |
| Coaches [illegible] | | | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | 114 | 00 | | 114 00 |

64

Funeral of George E Murdock

Date of Funeral Feb 15 1917 Hour Two P. M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. 4 brass oak Size 6 ft | 60 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs Gloves | | |
| Two Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| Door Dressing | | |
| Palms | | |
| Flowers 1 17" Pillow | 4 | 00 |
| 1 Spray Lilies | 2 | 00 |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman Mr Brownson | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | 6 | 00 |
| Vault Charges | | |
| Hearse To Cemetery | 5 | 00 |
| Coaches 4 Carriages | 20 | 00 |
| | | |
| Cemetery Lot # 114 | 10 | 00 |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | $ 80 | 00 |

Date of Death Feb 12th

Place of Death Millers Falls Mass

Place of Funeral " " "

Clergyman Mr Brownson

Date of Burial Feb 15 1917

Where Interred Highland Cemetery

Grave or Lot No. 114 Section

Location of Grave

Age 72 Years Months Days

Color White Occupation Farmer

Single, Married, Widow, Widower Married

Birthplace Northfield Mass

Last place of residence Millers Falls

How long resident of this State

Husband's Name

Father's Name Ephraim Murdock

Country of Birth Mass

Mother's Name Elvira Robbins

Country of Birth Mass

Physician Dr Humphrey

Cause of Death

Ordered by G. Murdock

Charge to George E Murdock Estate

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Feb | 27 | Cash | 12 | |
| Apr | 17 | " | 106 | 00 |
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| | | | | |
| | | | 118 | |

Funeral of Bethiah H. Taylor

Date of Funeral Feb 20" Hour One — P M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Size 3/9 | 85 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery Candelabra Candles. | | |
| Pedestals Rug | | |
| **Cash Expenditures.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse To North Leverett | 10. | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| Wreath | 6 | 00 |
| | | |
| | | |
| Amount of Bill | 111. | 00 |

Date of Death Feb 17"

Place of Death Montague

Place of Funeral " "

Clergyman

Date of Burial Feb 20

Where Interred North Leverett

Grave or Lot No. Section

Location of Grave

Age 74 Years 6 Months Days

Color White Occupation Housewife

Single, Married, Widow, Widower Married

Birthplace North Leverett

Last place of residence Montague

How long resident of this State

Husband's Name Edward Taylor

Father's Name Jefferson Moore

Country of Birth Mass

Mother's Name Abigail Hemenway

Country of Birth Mass

Physician Dr. Mason

Cause of Death Cancer

Ordered by Edward Taylor

Charge to " "

When rendered [illegible]

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Mch | 15 | Cash | 111 | 00 |
| | | | 111 | 00 |

66

Funeral of Elson Hoover

Date of Funeral Northfield Farm Hour 11 PM.

| | | | |
|---|---|---|---|
| Removing Remains from Stowe | | | Date of Death Mch 3" |
| Embalming Cemetery | | 5.00 | Place of Death Vermont |
| Shaving and Laying Out | | | Place of Funeral Northfield Farm |
| Casket No. Size | | | Clergyman |
| | | | Date of Burial Mch 6" |
| Metal Inner Casket Copper Zinc | | | Where Interred Northfield Farm |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 65 Years Months Days |
| Burial Robe | | | Color Occupation Farmer |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| 3 Doz. Chairs | | | Birthplace |
| Personal Attandance and Assistants | | 5.00 | Last place of residence Northfield Mass |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name |
| CASH EXPENDITURES. | | | Country of Birth |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by Mrs Hoover |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | Mch 6 Cash |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 10 50 | 10 |

Funeral of John Johnson

Date of Funeral Wed 7" Hour M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | March 30 |
| Embalming | | 5 00 | Place of Death | Lake Pleasant |
| Shaving and Laying Out | | | Place of Funeral | " |
| Casket No. 1300 Grey Size 6 ft | | 95 00 | Clergyman | |
| | | | Date of Burial | Wed 7" |
| Metal Inner Casket Copper Zinc | | | Where Interred | Fonda N Y |
| Handles No. | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Chestnut | | 20 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 66 Years | Months Days |
| Burial Robe | | | Color White | Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | Married |
| Doz. Chairs | | | Birthplace | New York |
| Personal Attandance and Assistants | | 10 00 | Last place of residence | |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers 1 Pillow (Flat) | | 8 00 | Physician | |
| 2 Sprays Ferns | | 4 00 | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | Charles H. Limerick |
| Funeral Notices | | | Charge to | Estate of John Johnson |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | By Cash | 8 00 |
| Sexton | | | Jan 8 " | 142 80 |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse To Station | | 1 00 | | |
| Coaches | | | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses Fare Back | | 2 32 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | 151 82 | | 150 80 |

68

Funeral of Mildred Slaby

Date of Funeral Apr 6" 1917 Hour M.

| | | | |
|---|---|---|---|
| Removing Remains Fearn Hospital | 3 | 00 | |
| Embalming | | | |
| Shaving and Laying Out | | | |
| Casket No. Size 2 f | 10 | 00 | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| CASH EXPENDITURES. | | | |
| | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | | 141 |

Date of Death Apr 6"

Place of Death Fearn Hospital

Place of Funeral

Clergyman

Date of Burial Apr 6

Where Interred Highland Cemetery

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color White Occupation

Single, Married, Widow, Widower

Birthplace Fearn Hospital

Last place of residence

How long resident of this State

Husband's Name

Father's Name George Slaby

Country of Birth

Mother's Name Josephine Slaby

Country of Birth Assyrian India

Physician Dr Cudworth

Cause of Death Still Born

Ordered by George Slaby

Charge to

When rendered

RECEIVED ON ACCOUNT.

Funeral of Olive M. Shaver

Date of Funeral Apr 17" Hour M.

| | | | |
|---|---|---|---|
| Removing Remains Hospital | | 3 | 00 |
| Embalming | | 5 | 00 |
| Shaving and Laying Out | | | |
| Casket No. Size 6 ft | | 35 | 00 |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse Car to Station | | 2 | 00 |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses for 13 | | 1 | 11 |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 1 | |

Date of Death Apr 10" 1917

Place of Death Farren Hospital

Place of Funeral Emmasburg Falls Vt

Clergyman

Date of Burial Apr 12"

Where Interred Emmasburg Falls Vt

Grave or Lot No. Section

Location of Grave

Age 38 Years 10 Months Days

Color White Occupation

Single, Married, Widow, Widower Married

Birthplace Canada

Last place of residence Emmasburg Vt

How long resident of this State

Husband's Name Herbert Shaver

Father's Name Edward Bruno

Country of Birth Canada

Mother's Name Jane Doe

Country of Birth Canada

Physician Dr Cudworth

Cause of Death Heart Failure

Ordered by Walter Marsh

Charge to Fred Bruno

When rendered Apr 11" Emmasburg Falls Vt

#R.F.D. 4

RECEIVED ON ACCOUNT.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| NW | 25 | | " | " | 5 | 00 |
| Five | 1 | | " | " | 4 | 00 |
| " | 16 | | " | " | 5 | 00 |
| | | | | | | |
| Mich | 2 | | " | " | 5 | 00 |
| " | 16 | | " | " | 5 | 00 |
| " | 23 | | | | 5 | 00 |
| | 30 | | | | 2 | 11 |
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| | | | | | 5 | 11 |

70

Funeral of Infant child of J. Walter Beyis

Date of Funeral apr 17 1917 Hour 5 M.

| | | | |
|---|---|---|---|
| Removing Remains from Hospital | 3 | 00 | |
| Embalming | | | |
| Shaving and Laying Out | | | |
| Casket No. Size | | | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | 2 | 00 | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| | | | |
| CASH EXPENDITURES. | | | |
| | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 5 | 00 | |

Date of Death apr 13 1917

Place of Death Montague Farren Hosp.

Place of Funeral Wendell Depot Ut

Clergyman

Date of Burial apr 17 1917

Where Interred Wendell Depot Ut

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color White Occupation

Single, Married, Widow, Widower

Birthplace Montague

Last place of residence "

How long resident of this State

Husband's Name

Father's Name J. Walter Beyis

Country of Birth Mass.

Mother's Name

Country of Birth

Physician C. D. Endicott

Cause of Death Stillborn

Ordered by J. Walter Beyis

Charge to " "

When rendered

RECEIVED ON ACCOUNT.

Funeral of Elsie F Bezio

Date of Funeral Apr 14 1917 Hour M.

| | | | |
|---|---|---|---|
| Removing Remains from Hospital | | 5 | 00 |
| Embalming | | 5 | 00 |
| Shaving and Laying Out | | | |
| Casket No. Size 6 ft | | | |
| with Rest | | 60 | 00 |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings ... Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | 6 | |
| Slippers Prs Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | 5 | 00 |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To Station | | 2 | 00 |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 80 | 00 |

Date of Death Apr 13 1917

Place of Death Ogden Hospital

Place of Funeral Wimmerhi Ut

Clergyman

Date of Burial Apr 17 1917

Where Interred Wimmerhi Ut

Grave or Lot No. Section

Location of Grave

Age 24 Years 10 Months 13 Days

Color white Occupation Housewife

Single, Married, Widow, Widower married

Birthplace Wimmerhi Ut

Last place of residence Corinne

How long resident of this State

Husband's Name J. Walter Bezio

Father's Name Neafus Tom

Country of Birth Wimmerhi Ut

Mother's Name

Country of Birth Canada

Physician C. D. Woodward

Cause of Death

Ordered by J. Walter Bezio

Charge to "

When rendered

RECEIVED ON ACCOUNT.

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| Sexton | 4 | 00 | 2 | 00 | 6 | 00 |
| | | | 1 | | | |
| | | | 2 | | | |
| | | | 20 | | | |
| | | | 2 | | | |
| | | | 24 | | | |
| | | | 10 | | | |
| | | | 21 | | | |

72

Funeral of Leroy S. Weatherhead

Date of Funeral Wed 30" Hour 2 P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Apr 27" |
| Embalming Body | 5 | 00 | Place of Death Trudeau Trolly Mine |
| Shaving and Laying Out | | | Place of Funeral |
| Casket No. 132 Nat Size 6 ft | 65 | 00 | Clergyman Rev A A Brunelle |
| | | | Date of Burial Apr 30" |
| Metal Inner Casket Copper Zinc | | | Where Interred North Lake V |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 68 Years Months Days |
| Burial Robe | | | Color White Occupation Farmer |
| Slippers Prs Gloves | | | Single, Married, Widow, Widower Widowed |
| 1 Doz. Chairs | " | " | Birthplace Guilford VT |
| Personal Attandance and Assistants | 5 | 00 | Last place of residence Trudeau Trolly Mine |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Willard Weatherhead |
| CASH EXPENDITURES. | | | Country of Birth Guilford VT |
| Door Dressing | | | Mother's Name Butler |
| Palms | | | Country of Birth Guilford VT |
| Flowers Pillow Faith | 5 | 00 | Physician Dr Vinal |
| 2 Doz Carnations | 2 | 00 | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by Clifford Weatherhead |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman Rev Brunelle | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to Northfield Town | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse 1 Northfield Farm | 6 | 00 | |
| Coaches 3 Hacks | 17 | 00 | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | | |

Funeral of Infant Child of Jr Cudworth

Date of Funeral Apr 30th Hour two P M.

| | | | |
|---|---|---|---|
| Removing Remains from Hospital | | 3 | 00 |
| Embalming | | | |
| Shaving and Laying Out | | | |
| Casket No. Size White | | 6 | 00 |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton Opening Grave | | 1 | 00 |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To Cemetery | | | |
| Coaches | | | |
| One in Lot in Cemetery | | 1 | 00 |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 12 | 00 |

Date of Death

Place of Death

Place of Funeral

Clergyman

Date of Burial

Where Interred

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color Occupation

Single, Married, Widow, Widower

Birthplace

Last place of residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

74

Funeral of Ellen H. Ruggles

Date of Funeral May 7 Hour Two P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death May 4 |
| Embalming Body | | 5 00 | Place of Death Northfield Farm |
| Shaving and Laying Out | | | Place of Funeral " |
| Casket No. 68 Size 5 9 | | 40 00 | Clergyman |
| | | | Date of Burial May 7 |
| Metal Inner Casket Copper Zinc | | | Where Interred Northfield Farm |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 80 Years Months Days |
| Burial Robe Black | | 5 00 | Color White Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Widowed |
| Doz. Chairs | | | Birthplace Green field Town |
| Personal Attandance and Assistants with Car | | 5 00 | Last place of residence N. Orange |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name Samuel Ruggles |
| | | | Father's Name Charles Wells |
| CASH EXPENDITURES. | | | Country of Birth Greenfield |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician Dr. Woodbury |
| | | | Cause of Death |
| Porters and Gloves | | | Ordered by Fred Thompson |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To Northfield Farm | | 6 00 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transporiation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | | |

Funeral of Henri Casta

Date of Funeral July 10" Hour M.

| | | | | | |
|---|---|---|---|---|---|
| Removing Remains from Erwing | | 3 | 50 | Date of Death July 8" | |
| Embalming Erwing & Bell | | 10 | 00 | Place of Death Erwing House | |
| Shaving and Laying Out | | | | Place of Funeral | |
| Casket No. Size 6 ft | | 20 | 00 | Clergyman | |
| | | | | Date of Burial July 10 | |
| Metal Inner Casket Copper Zinc | | | | Where Interred Erwing House | |
| Handles No. | | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | 5 | 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | | |
| Metal Lined Box | | | | | |
| Mountings Handles Plate | | | | | |
| Metal Vault, Style | | | | | |
| Box Mattress | | | | Age about 35 yrs Years Months Days | |
| Burial Robe | | | | Color White Occupation | |
| Slippers Prs. Gloves | | | | Single, Married, Widow, Widower | |
| Doz. Chairs | | | | Birthplace | |
| Personal Attandance and Assistants | | | | Last place of residence | |
| Drapery Candelabra Candles. | | | | How long resident of this State | |
| Pedestals Rug | | | | Husband's Name | |
| | | | | Father's Name | |
| CASH EXPENDITURES. | | | | Country of Birth | |
| Door Dressing | | | | Mother's Name | |
| Palms | | | | Country of Birth | |
| Flowers | | | | Physician Dr Winchel Greenfield | |
| | | | | Cause of Death Gun Shots | |
| | | | | Ordered by Erwing | |
| Porters and Gloves | | | | Charge to | |
| Funeral Notices | | | | When rendered | |
| | | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | | | |
| Sexton | | | | | |
| Quartette, Soloist Organist | | | | | |
| Delivering Box to | | | | | |
| Opening Grave Lining | | | | | |
| Vault Charges | | | | | |
| Hearse Car To Erwing | | 5 | 00 | | |
| Coaches | | | | | |
| Linen Cloth | | 1 | 00 | | |
| | | | | | |
| Telegrams Telephone | | | | | |
| Transportation Expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount of Bill | | 44 | 50 | | |

76

Funeral of Evgene Gilbert

Date of Funeral Aug 31st Hour M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Aug 30 |
| Embalming | | | Place of Death Evgene Indiana |
| Shaving and Laying Out | | | Place of Funeral |
| Casket No. Size 6 ft | | 40 | Clergyman |
| | | | Date of Burial Aug 31 |
| Metal Inner Casket Copper Zinc | | | Where Interred Tassaw Falls |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | 200 | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age Years 7 Months 2 6 Days |
| Burial Robe | | | Color Mulatto Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace Evgene Indiana |
| Personal Attandance and Assistants | | | Last place of residence |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Evgene Gilbert |
| CASH EXPENDITURES. | | | Country of Birth North Adams |
| Door Dressing | | | Mother's Name Melinda Hutson |
| Palms | | | Country of Birth Ga |
| Flowers | | | Physician Dr. Cudworth |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by Evgene Gilbert |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | Aug 31 Cash 10 00 |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse Auto | | 20 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transporiation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 10 00 | 10 00 |

Funeral of [illegible] Daughter of Alden Adams

Date of Funeral [illegible] Hour [illegible] M.

| | | | | | |
|---|---|---|---|---|---|
| *Removing Remains* Hospital | | 2 | 00 | *Date of Death* Sept 2 | |
| *Embalming* | | | | *Place of Death* Lawrence Hospital | |
| *Shaving and Laying Out* | | | | *Place of Funeral* | |
| *Casket No.* *Size* | | 1 | 10 | *Clergyman* | |
| | | | | *Date of Burial* Sept 5 | |
| *Metal Inner Casket* *Copper* *Zinc* | | | | *Where Interred* Haverhill Comm | |
| *Handles No.* | | | | *Grave or Lot No.* *Section* | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | | *Location of Grave* | |
| *Lining and Pillow Set No.* | | | | | |
| *Metal Lined Box* | | | | | |
| *Mountings* *Handles* *Plate* | | | | | |
| *Metal Vault, Style* | | | | | |
| *Box Mattress* | | | | *Age* *Years* *Months* *Days* | |
| *Burial Robe* | | | | *Color* White *Occupation* | |
| *Slippers* *Prs.* *Gloves* | | | | *Single, Married, Widow, Widower* | |
| *Doz. Chairs* | | | | *Birthplace* [illegible] | |
| *Personal Attandance and Assistants* | | | | *Last place of residence* | |
| *Drapery* *Candelabra* *Candles.* | | | | *How long resident of this State* | |
| *Pedestals* *Rug* | | | | *Husband's Name* | |
| | | | | *Father's Name* Alden Adams | |
| CASH EXPENDITURES. | | | | *Country of Birth* | |
| *Door Dressing* | | | | *Mother's Name* | |
| *Palms* | | | | *Country of Birth* | |
| *Flowers* | | | | *Physician* Dr Woodbury | |
| | | | | *Cause of Death* | |
| | | | | | |
| *Porters and* *Gloves* | | | | *Ordered by* Alden Adams | |
| *Funeral Notices* | | | | *Charge to* | |
| | | | | *When rendered* | |
| | | | | RECEIVED ON ACCOUNT. | |
| | | | | | |
| *Clergyman* | | | | 41 | 15 Cash 7 50 |
| *Sexton* | | | | | |
| *Quartette, Soloist* *Organist* | | | | | |
| *Delivering Box to* | | | | | |
| *Opening Grave* *Lining* | | 1 | 00 | | |
| *Vault Charges* Grave | | 1 | 00 | | |
| *Hearse* | | | | | |
| *Coaches* | | | | | |
| | | | | | |
| | | | | | |
| *Telegrams* *Telephone* | | | | | |
| *Transportation Expenses* | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| *Amount of Bill* | | 20 | 00 | | |

Funeral of Child of Walter Carey North Leverett

Date of Funeral ____ Hour ____ M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | *Date of Death* |
| *Embalming* | | | *Place of Death* |
| *Shaving and Laying Out* | | | *Place of Funeral* |
| *Casket No.* ... *Size* | | 6 00 | *Clergyman* |
| | | | *Date of Burial* |
| *Metal Inner Casket* ... *Copper* ... *Zinc* | | | *Where Interred* |
| *Handles No.* | | | *Grave or Lot No.* ... *Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings* ... *Handles* ... *Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age* ... *Years* ... *Months* ... *Days* |
| *Burial Robe* | | | *Color* ... *Occupation* |
| *Slippers* ... *Prs.* ... *Gloves* | | | *Single, Married, Widow, Widower* |
| ... *Doz. Chairs* | | | *Birthplace* |
| *Personal Attandance and Assistants* | | | *Last place of residence* |
| *Drapery* ... *Candelabra* ... *Candles* | | | *How long resident of this State* |
| *Pedestals* ... *Rug* | | | *Husband's Name* |
| | | | *Father's Name* |
| CASH EXPENDITURES. | | | *Country of Birth* |
| *Door Dressing* | | | *Mother's Name* |
| ... *Palms* | | | *Country of Birth* |
| *Flowers* | | | *Physician* |
| | | | *Cause of Death* |
| | | | |
| ... *Porters and* ... *Gloves* | | | *Ordered by* Walter Carey |
| *Funeral Notices* | | | *Charge to* |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| *Clergyman* | | Jan 4 | $ 6 00 |
| *Sexton* | | | |
| *Quartette, Soloist* ... *Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave* ... *Lining* | | | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* | | | |
| | | | |
| | | | |
| *Telegrams* ... *Telephone* | | | |
| *Transportation Expenses* | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Amount of Bill* | | | $ 6 00 |

Funeral of C

Date of Funeral [illegible] Hour 1:00 P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains Station | 2 | 00 | Date of Death Oct 21 | |
| Embalming | | | Place of Death Hancock Maine | |
| Shaving and Laying Out | | | Place of Funeral Millers Falls Mass | |
| Casket No. Size | | | Clergyman | |
| | | | Date of Burial Oct 23" | |
| Metal Inner Casket Copper Zinc | | | Where Interred Ashfield Cemetery | |
| Handles No. | | | Grave or Lot No. 1 Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age 30 Years Months Days | |
| Burial Robe | | | Color Occupation | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | |
| Doz. Chairs | | | Birthplace Millers Falls Mass | |
| Personal Attandance and Assistants | 10 | 00 | Last place of residence " | |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name Hiram H. Doe | |
| CASH EXPENDITURES. | | | Country of Birth U.S. | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers | | | Physician | |
| | | | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | By Cash | 30 00 |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | | | | |
| Vault Charges | | | | |
| Hearse W E | 6 | | | |
| Coaches Autos 1 | | | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | | | | |

82

Funeral of [illegible]

Date of Funeral [illegible] Hour ..... M.

| | | | | |
|---|---|---|---|---|
| *Removing Remains* | | | *Date of Death* | Oct 25 |
| *Embalming* | | | *Place of Death* | [illegible] |
| *Shaving and Laying Out* | | | *Place of Funeral* | " " |
| *Casket No.* [illegible] *Size* [illegible] | | 50 00 | *Clergyman* | |
| | | | *Date of Burial* | Oct 27 |
| *Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... | | | *Where Interred* | North Lunenburg |
| *Handles No.* | | | *Grave or Lot No.* ..... *Section* | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* | |
| *Lining and Pillow Set No.* | | | | |
| *Metal Lined Box* | | | | |
| *Mountings* ..... *Handles* ..... *Plate* | | | | |
| *Metal Vault, Style* | | | | |
| *Box Mattress* | | | *Age* 75 *Years* ..... *Months* ..... *Days* | |
| *Burial Robe* | | | *Color* [illegible] *Occupation* | |
| *Slippers* ..... *Prs.* ..... *Gloves* | | | *Single, Married, Widow, Widower* | Married |
| ..... *Doz. Chairs* | | | *Birthplace* [illegible] | |
| *Personal Attandance and Assistants* | | | *Last place of residence* | " |
| *Drapery* ..... *Candelabra* ..... *Candles* | | | *How long resident of this State* | |
| *Pedestals* ..... *Rug* | | | *Husband's Name* | |
| | | | *Father's Name* | |
| CASH EXPENDITURES. | | | *Country of Birth* | |
| *Door Dressing* | | | *Mother's Name* | |
| ..... *Palms* | | | *Country of Birth* | |
| *Flowers* | | | *Physician* | [illegible] |
| | | | *Cause of Death* | |
| | | | | |
| ..... *Porters and* ..... *Gloves* | | | *Ordered by* | [illegible] |
| *Funeral Notices* | | | *Charge to* | " |
| | | | *When rendered* | |
| | | | RECEIVED ON ACCOUNT. | |
| *Clergyman* | | | [illegible] | |
| *Sexton* | | | | |
| *Quartette, Soloist* ..... *Organist* | | | | |
| *Delivering Box to* | | | | |
| *Opening Grave* ..... *Lining* | | | | |
| *Vault Charges* | | | | |
| *Hearse* | | | | |
| *Coaches* | | | | |
| | | | | |
| | | | | |
| *Telegrams* ..... *Telephone* | | | | |
| *Transporiation Expenses* | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *Amount of Bill* | | | | |

Funeral of [illegible]

Date of Funeral Oct 31st / Hour Eleven A M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming | | 2 | |
| Shaving and Laying Out | | | |
| Casket No. 1260 Size 6 7 | | 60 | 00 |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | Ged 13 | 40 00 |
| Amount of Bill | | | 65 00 |

Date of Death Oct 29

Place of Death [illegible]

Place of Funeral "

Clergyman

Date of Burial Oct 31"

Where Interred Mountain View

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color Occupation

Single, Married, Widow, Widower [illegible]

Birthplace [illegible]

Last place of residence "

How long resident of this State

Husband's Name

Father's Name Leonard G Lagois

Country of Birth Louisiana

Mother's Name [illegible]

Country of Birth [illegible]

Physician Dr Cook

Cause of Death

Ordered by Justus G Lagois

Charge to

When rendered Jan 1/18

RECEIVED ON ACCOUNT.

| 1918 | | | | |
|---|---|---|---|---|
| Sept | 29 | Cash | 25 | 00 |

84

Funeral of Frank Giles Dorchester Mass

Date of Funeral Nov 2" Hour One - 30 P M.

| | | | | | |
|---|---|---|---|---|---|
| Removing Remains | Jason Slater | | 3 | 00 | Date of Death Oct 30" |
| Embalming | | | | | Place of Death Dorchester mass |
| Shaving and Laying Out | | | | | Place of Funeral Mullin Hall |
| Casket No. | Size | | | | Clergyman Rev Clark B Brandon |
| | | | | | Date of Burial Nov 2" 1917 |
| Metal Inner Casket | Copper | Zinc | | | Where Interred Mantagu Mass |
| Handles No. | | | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | | | Location of Grave |
| Lining and Pillow Set No. | | | | | |
| Metal Lined Box | | | | | |
| Mountings | Handles | Plate | | | |
| Metal Vault, Style | | | | | |
| Box Mattress | | | | | Age 59 Years Months Days |
| Burial Robe | | | | | Color White Occupation Retired |
| Slippers | Prs. | Gloves | | | Single, Married, Widow, Widower Married |
| | Doz. Chairs | | | | Birthplace Charlestown Mass |
| Personal Attandance and Assistants | | | 10 | 00 | Last place of residence Dorchester Mass |
| Drapery | Candelabra | Candles | | | How long resident of this State |
| Pedestals | Rug | | | | Husband's Name |
| | | | | | Father's Name |
| CASH EXPENDITURES. | | | | | Country of Birth |
| Door Dressing | | | | | Mother's Name |
| | Palms | | | | Country of Birth |
| Flowers | | | | | Physician |
| | | | | | Cause of Death |
| | | | | | |
| | Porters and | Gloves | | | Ordered by Mrs H H Giles |
| Funeral Notices | | | | | Charge to " " |
| | | | | | When rendered |
| | | | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | | | |
| Sexton | | | | | |
| Quartette, Soloist | Organist | | | | |
| Delivering Box to | | | | | |
| Opening Grave | Cemetary | Lining Green | 5 | 00 | |
| Vault Charges | | | | | |
| Hearse | Auto to Mantagu | | 5 | 00 | |
| Coaches | | | | | |
| | Team with Bus | | 1 | 50 | |
| | | | | | |
| Telegrams | Telephone | | | | |
| Transportation Expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount of Bill | | | 24 | 50 | Check 24 50 |

Funeral of Infant Son of Mr & Mrs Arthur Shattuck

Date of Funeral Nov 15th 1917 Hour M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming | | | |
| Shaving and Laying Out | | | |
| Casket No. Size | | | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | | | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | | |

Date of Death Nov 14th 1917

Place of Death

Place of Funeral

Clergyman

Date of Burial Nov 15th

Where Interred Millers Falls, Mass

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color Occupation

Single, Married, Widow, Widower

Birthplace Montague Mass

Last place of residence

How long resident of this State

Husband's Name

Father's Name Arthur Shattuck

Country of Birth Lexington Mass

Mother's Name Dorothy Currier

Country of Birth Orleans Mass

Physician Dr Cudworth

Cause of Death Premature Birth

Ordered by Arthur Shattuck

Charge to

When rendered

RECEIVED ON ACCOUNT.

86

Funeral of Elizabeth M Kiley

Date of Funeral Nov 25" Hour 1 PM.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Nov 23 |
| Embalming | 3 | 00 | Place of Death | Malden Mass |
| Shaving and Laying Out | | | Place of Funeral | " |
| Casket No. 6½ Size 2-6 | 15 | 00 | Clergyman | " |
| | | | Date of Burial | Nov 25" |
| Metal Inner Casket Copper Zinc | | | Where Interred | Forest Hills Mass |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age Years 7 Months 2 5 Days | |
| Burial Robe | | | Color White Occupation | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | |
| Doz. Chairs | | | Birthplace Ireland | |
| Personal Attandance and Assistants | | | Last place of residence | " |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | Timothy Kiley |
| CASH EXPENDITURES. | | | Country of Birth | Rowe Mass |
| Door Dressing | | | Mother's Name | Mabel Murray |
| Palms | | | Country of Birth | Ireland |
| Flowers Basket of Asst | 3 | 00 | Physician | Dr Cudworth |
| Carriage and Tud | 1 | 25 | Cause of Death | — |
| | | | | |
| Porters and Gloves | | | Ordered by | T J Kiley |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | Nov 27 | Paid 28 25 |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Lining | 3 | 00 | | |
| Vault Charges | | | | |
| Hearse Car to Cemetery | 3 | 00 | | |
| Coaches | | | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | 28 | 25 | | 28 25 |

Funeral of Sarah J. Lucy
Date of Funeral Dec / 23" Hour Two P.M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming At home | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. 923½ Size 6 ft | 65 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery Candelabra Candles. | | |
| Pedestals Rug | | |
| **Cash Expenditures.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave 6.00 Lining | | |
| Vault Charges | | |
| Hearse to Cemetery | 6 | 00 |
| Coaches 5 Hacks @ 6.00 | 30 | 00 |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| Amount of Bill | $111 | 00 |

Date of Death Dec 21
Place of Death Erving Mass
Place of Funeral " "
Clergyman Mr Thompson
Date of Burial Dec 23"
Where Interred Highland Cemetery
Grave or Lot No. Section
Location of Grave

Age 83 Years Months Days
Color White Occupation
Single, Married, Widow, Widower Widowed
Birthplace Mass [illegible]
Last place of residence Erving Mass
How long resident of this State
Husband's Name Edwin F Lucy
Father's Name Joel Merriam
Country of Birth Mass
Mother's Name Freedom Holton
Country of Birth Mass
Physician Dr Woodbury
Cause of Death

Ordered by W. E. Lamson
Charge to " "
When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Feb | 28 | | 111 | 00 |
| | | | 111 | 00 |

Funeral of Infant Sons of Mr + Mrs H. S. Bartlett
Date of Funeral Dec 28th 1917 Hour 1 P. M.

| Item | $ | ¢ |
|---|---|---|
| Removing Remains | | |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. Size | 6 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 2 | 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **Cash Expenditures.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Smith Lining | 4 | 00 |
| Vault Charges | | |
| Hearse 1 Hack | 5 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 17 | 00 |

Date of Death Dec 25th 1917
Place of Death Millers Falls. Mass
Place of Funeral " " "
Clergyman
Date of Burial Dec 28th 1917
Where Interred Millers Falls Mass
Grave or Lot No. Section
Location of Grave

Age Years Months Days
Color White Occupation
Single, Married, Widow, Widower
Birthplace Millers Falls Mass
Last place of residence
How long resident of this State
Husband's Name
Father's Name Herbert S. Bartlett
Country of Birth Millers Falls. Mass
Mother's Name Anna Stotz
Country of Birth Germany
Physician Kemp
Cause of Death Premature Births

Ordered by H. S. Bartlett
Charge to
When rendered

RECEIVED ON ACCOUNT.

| | | | $ | ¢ |
|---|---|---|---|---|
| Jan | 12 | | 17 | 00 |
| | | | 17 | 00 |

Funeral of [illegible] Lion F. Skerry North Leverett

Date of Funeral Jan 9th Hour one P M.

| Item | $ | cts |
|---|---|---|
| Removing Remains | | |
| Embalming Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Adams Size 6.75 | 60 | 00 |
| | | |
| Metal Inner Casket ... Copper ... Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings ... Handles ... Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe Black | 5 | 00 |
| Slippers ... Prs. ... Gloves | | |
| ... Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery ... Candelabra ... Candles. | | |
| Pedestals ... Rug | | |
| **Cash Expenditures.** | | |
| Door Dressing | | |
| ... Palms | | |
| Flowers | | |
| | | |
| | | |
| ... Porters and ... Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist ... Organist | | |
| Delivering Box to | | |
| Opening Grave ... Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams ... Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 75 | 00 |

Date of Death Jan 7th

Place of Death Moore Corner

Place of Funeral Montague

Clergyman

Date of Burial Jan 9th 1918

Where Interred Montague

Grave or Lot No. ... Section

Location of Grave

Age 83 Years 11 Months 22 Days

Color White Occupation Farmer

Single, Married, Widow, Widower Married

Birthplace Salem Mass

Last place of residence Moore Corner

How long resident of this State

Husband's Name

Father's Name Henry S. Skerry

Country of Birth England

Mother's Name Martha Hall

Country of Birth Manchester Mass

Physician Dr Frisk

Cause of Death Old Age

Ordered by Mrs Skerry

Charge to or Arthur Hall

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| May | 20 | | 75 | 00 |
| My | 20 | | 75 | 00 |

90

Funeral of Town of Lincoln F. M. Bauer

Date of Funeral Jan 9th 1918 Hour M

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death |
| Embalming | | | Place of Death |
| Shaving and Laying Out | | | Place of Funeral |
| Casket No. Size 711 | | 18 00 | Clergyman |
| | | | Date of Burial |
| Metal Inner Casket Copper Zinc | | | Where Interred |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age Years Months Days |
| Burial Robe | | | Color Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace |
| Personal Attandance and Assistants | | | Last place of residence |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name |
| CASH EXPENDITURES. | | | Country of Birth |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by F. M. Bauer |
| Funeral Notices | | | Charge to Town of Lincoln |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 18.00 | Cash 18.00 |

uneral of Arthur Woodworth

ate of Funeral Jan 26" 1918 Hour two P M.

| | | |
|---|---|---|
| emoving Remains Northampton to Stiles | 5 | 00 |
| mbalming | 10 | 00 |
| aving and Laying Out | | |
| sket No. Fibre Size 6 ft | 40 | 00 |
| | | |
| tal Inner Casket Copper Zinc | | |
| ndles No. | | |
| tside Case, Pine, Chestnut, Oak, Mahogany | | |
| ning and Pillow Set No. | | |
| tal Lined Box | | |
| untings Handles Plate | | |
| tal Vault, Style | | |
| x Mattress | | |
| rial Robe Black | 5 | 00 |
| ppers Prs. Gloves | | |
| Doz. Chairs | | |
| rsonal Attandance and Assistants | 5 | 00 |
| apery Candelabra Candles | | |
| destals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| or Dressing | | |
| Palms | | |
| lowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| uneral Notices | | |
| | | |
| Receiving Body from Tomb to Train | 9 | 00 |
| ergyman | | |
| xton | | |
| uartette, Soloist Organist | | |
| elivering Box to | | |
| pening Grave Lining | | |
| ault Charges Northfield Farms | 1 | 00 |
| earse Jan 26 W N Farms | 3 | 00 |
| oaches | | |
| | | |
| | | |
| elegrams Telephone | | |
| ransportation Expenses | | |
| Expenses on Body | 3 | 15 |
| | | |
| | | |
| | | |
| mount of Bill | 81 | 15 |

Date of Death Jan 22nd

Place of Death Northampton Mass

Place of Funeral Miller Faulk Mass

Clergyman

Date of Burial Jan 26 in Mass

Where Interred To be Bernardston

Grave or Lot No. Section

Location of Grave

Age 54 Years Months Days

Color White Occupation Farmer

Single, Married, Widow, Widower Married

Birthplace

Last place of residence Miller Faulk Mass

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by Mr Woodworth

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | |
|---|---|---|---|
| Jan | 18 | Cash | 40 00 |

Funeral of Infant Child of George Hillock

Date of Funeral Feb 10" Hour M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. Size 2 ft | 6 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 2 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 8 | 00 |

Date of Death Feb 8

Place of Death North field Farm

Place of Funeral " "

Clergyman

Date of Burial Tomb Feb 10"

Where Interred North field Farm

Grave or Lot No. Section

Location of Grave

Age — Years — Months — Days —

Color White Occupation

Single, Married, Widow, Widower

Birthplace North field Farm

Last place of residence " "

How long resident of this State

Husband's Name

Father's Name George Hillock

Country of Birth Winchendon Mass.

Mother's Name Daisy Black

Country of Birth Revere

Physician Dr Cook

Cause of Death

Ordered by Geo Hillock

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| | | Cash | 8 | 00 |
| | | | | |
| | | | | |
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| | | | | |
| | | | 8 | 00 |

Funeral of Louisa Miller

Date of Funeral Feb 19" Hour 2 P M.

10754

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Feb 17" |
| Embalming Body | | 5 00 | Place of Death Montague Mass |
| Shaving and Laying Out | | | Place of Funeral " " |
| Casket No. 68 Size 5/9 | | 50 00 | Clergyman |
| | | | Date of Burial Feb 19" |
| Metal Inner Casket Copper Zinc | | | Where Interred Hampton Mass |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | Location of Grave |
| Lining and Pillow Set No. | | | To be buried in |
| Metal Lined Box | | | New Cemetery |
| Mountings Handles Plate | | | Lone grave for |
| Metal Vault, Style | | | Mrs Miller between Husband & Son. |
| Box Mattress | | | Age 65 Years Months Days |
| Burial Robe | | | Color White Occupation Housewife |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| 2 Doz Doz. Chairs | | | Birthplace New York State |
| Personal Attandance and Assistants | | 5 00 | Last place of residence Montague Mass |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name Alonzo H. Miller |
| | | | Father's Name Henry Osterander |
| CASH EXPENDITURES. | | | Country of Birth Stephentown N. Y. |
| Door Dressing | | | Mother's Name Sarah Green |
| Palms | | | Country of Birth Stephentown N. Y. |
| Flowers | | | Physician Dr. Couch Montague |
| | | | Cause of Death |
| Porters and Gloves | | | Ordered by Owen J. Poor |
| Funeral Notices | | | Charge to Thomas Berard |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | |
| Sexton Opening grave | | 10 00 | |
| Quartette, Soloist Organist | | | Feb 15 Cash 25 00 |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges at Northfield Farm | | 1 00 | |
| Hearse W Montague Northfield Farm | | 8 00 | |
| Coaches Team W Montague twice | | 4 00 | |
| | | | |
| Money body W Hannahan | | 20 00 | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| Feb 15 | | | |
| 3 00 | | 3 00 | |
| | | | |
| Amount of Bill | | 107 00 | 107 00 |

94

Funeral of Cora E Hentworth

Date of Funeral Apr 12" Hour 2 P.M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Apr 10" |
| Embalming Body | 5 | 00 | Place of Death North Laverett |
| Shaving and Laying Out | | | Place of Funeral " " |
| Casket No. 132 Size 6 ft | 75 | 00 | Clergyman Mr Fundell |
| | | | Date of Burial Apr 12" |
| Metal Inner Casket Copper Zinc | | | Where Interred North Laverett |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 36 Years 8 Months Days |
| Burial Robe | | | Color White Occupation Housewife |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| Doz. Chairs | | | Birthplace Shutesbury Mass |
| Personal Attandance and Assistants | 5 | 00 | Last place of residence North Laverett |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name Harry Hentworth |
| | | | Father's Name Hosea Waterman |
| CASH EXPENDITURES. | | | Country of Birth Laverett Mass |
| Door Dressing | | | Mother's Name Sarah L Baker |
| Palms | | | Country of Birth Laverett |
| Flowers | | | Physician Dr Fiske |
| | | | Cause of Death |
| Porters and Gloves | | | Ordered by Harry Hentworth |
| Funeral Notices | | | Charge to " |
| | | | When rendered |

RECEIVED ON ACCOUNT.

| | | | | | |
|---|---|---|---|---|---|
| Clergyman | | | May 20 | 98 | 00 |
| Sexton | | | | | |
| Quartette, Soloist Organist | | | | | |
| Delivering Box to | | | | | |
| Opening Grave Lining | | | | | |
| Vault Charges | | | | | |
| Hearse House to Cemetery | 8 | 00 | | | |
| Coaches | | | | | |
| Telegrams Telephone | | | | | |
| Transportation Expenses | | | | | |
| Amount of Bill | 98 | 00 | | 98 | 00 |

Funeral of Frostyer H. Smith

Date of Funeral April 19 Hour Two P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming Body | 5 | 00 | |
| Shaving and Laying Out | | | |
| Casket No. Size 6 ft | 85 | 00 | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | 5 | 00 | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| **CASH EXPENDITURES.** | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To North Sutton Farm | 8 | 00 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 103 | 60 | |

Date of Death April 17"

Place of Death North Sutton Farm

Place of Funeral " "

Clergyman

Date of Burial April 19"

Where Interred North Sutton Farm

Grave or Lot No. Section

Location of Grave

Age 87 Years 10 Months Days

Color White Occupation Farmer

Single, Married, Widow, Widower

Birthplace Grantham N. H.

Last place of residence North Sutton Farmer

How long resident of this State 20 years

Husband's Name

Father's Name Harvey Smith

Country of Birth Grantham N. H.

Mother's Name Hannah Johnson

Country of Birth Grantham N. H.

Physician Dr Cudworth

Cause of Death

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| July | 10 | Cash | | 103 00 |

Funeral of Mrs Fred King

Date of Funeral June 10" Hour two P M.

| | | | | |
|---|---|---|---|---|
| Removing Remains From Greenfield | 5 | 00 | Date of Death | |
| Embalming | | | Place of Death | |
| Shaving and Laying Out | | | Place of Funeral | |
| Casket No. Size | | | Clergyman | |
| | | | Date of Burial | |
| Metal Inner Casket Copper Zinc | | | Where Interred | |
| Handles No. | | | Grave or Lot No. Section | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave | |
| Lining and Pillow Set No. | | | | |
| Metal Lined Box | | | | |
| Mountings Handles Plate | | | | |
| Metal Vault, Style | | | | |
| Box Mattress | | | Age Years Months Days | |
| Burial Robe | | | Color Occupation | |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower | |
| Doz. Chairs | | | Birthplace | |
| Personal Attandance and Assistants | 10 | 00 | Last place of residence | |
| Drapery Candelabra Candles | | | How long resident of this State | |
| Pedestals Rug | | | Husband's Name | |
| | | | Father's Name | |
| CASH EXPENDITURES. | | | Country of Birth | |
| Door Dressing | | | Mother's Name | |
| Palms | | | Country of Birth | |
| Flowers | | | Physician | |
| | | | Cause of Death | |
| | | | | |
| Porters and Gloves | | | Ordered by | |
| Funeral Notices | | | Charge to | |
| | | | When rendered | |
| | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | | |
| Sexton | | | | |
| Quartette, Soloist Organist | | | | |
| Delivering Box to | | | | |
| Opening Grave Opening Grave Lining | 5 | 00 | | |
| Vault Charges | | | | |
| Hearse To Cemetery | 5 | 00 | | |
| Coaches Auto to Greenfield | 3 | 00 | | |
| | | | | |
| | | | | |
| Telegrams Telephone | | | | |
| Transportation Expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Amount of Bill | 28 | 00 | Aug 3 Cash | 28 00 |

Funeral of Margaret A Buggles.

Date of Funeral June 15 '11 Hour 6 m P M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death |
| Embalming | | 5 00 | Place of Death |
| Shaving and Laying Out | | | Place of Funeral |
| Casket No. Size 5 9 | | 50 00 | Clergyman |
| | | | Date of Burial |
| Metal Inner Casket Copper Zinc | | | Where Interred |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | | 5 00 | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age Years Months Days |
| Burial Robe Cullan & Cuffs | | 50 | Color Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace |
| Personal Attandance and Assistants | | [illegible] | Last place of residence |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name |
| CASH EXPENDITURES. | | | Country of Birth |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers Pillow | | 6 00 | Physician |
| Boquets | | 2 00 | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | 5 00 | By Cash 70 00 |
| Sexton | | | 5 00 |
| Quartette, Soloist Organist | | | 4 50 |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse To Next [illegible] | | 3 00 | |
| Coaches One | | 3 00 | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 79 50 | 79 50 |

98

Funeral of Miss Emma A. Merchant

Date of Funeral June 22" Hour Two o— M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death June 19" |
| Embalming Body | | 5 00 | Place of Death Wendell Mass |
| Shaving and Laying Out | | | Place of Funeral " " |
| Casket No. 208 Size 6 ft | | 65 00 | Clergyman |
| | | | Date of Burial June 22" |
| Metal Inner Casket Copper Zinc | | | Where Interred Wendell |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 73 Years 8 Months 18 Days |
| Burial Robe | | | Color White Occupation |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Single |
| Doz. Chairs | | | Birthplace E Brandall |
| Personal Attandance and Assistants | | 5 00 | Last place of residence " |
| Drapery Candelabra Candles | | | How long resident of this State 73 years |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Clement Merchant |
| CASH EXPENDITURES. | | | Country of Birth |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth |
| Flowers | | | Physician Dr Johnson |
| | | | Cause of Death Cancer |
| | | | Ordered by Albert Merchant |
| Porters and Gloves | | | |
| Funeral Notices | | | Charge to |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | June 28 65 00 |
| Sexton | | | July 18 18 00 |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse E Kendall | | 8 00 | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transporiation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 83,00 | 83 00 |

Funeral of Paul L. Ellis

Date of Funeral June 27" Hour M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death June 26 |
| Embalming | | | Place of Death Montague |
| Shaving and Laying Out | | | Place of Funeral |
| Casket No. Size | 35 00 | | Clergyman |
| | | | Date of Burial June 27" |
| Metal Inner Casket Copper Zinc | | | Where Interred Millers Falls |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings ... Handles Plate | | | |
| Metal Vault, Style | | | Born July 11/1906 |
| Box Mattress | | | Age 11 Years 10 Months 15 Days |
| Burial Robe | | | Color White Occupation School |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower |
| Doz. Chairs | | | Birthplace Montague |
| Personal Attandance and Assistants | 5 00 | | Last place of residence " |
| Drapery Candelabra Candles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Leon Ellis |
| CASH EXPENDITURES. | | | Country of Birth Montague |
| Door Dressing | | | Mother's Name Emma Dickerson |
| Palms | | | Country of Birth England |
| Flowers | | | Physician Dr Caldwell |
| | | | Cause of Death Scarlet Fever |
| | | | |
| Porters and Gloves | | | Ordered by Mrs Ellis |
| Funeral Notices | | | Charge to " " |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | July 18 48 00 |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Grave Lining | 5 00 | | |
| Vault Charges | | | |
| Hearse Truck to Conway | 3.00 | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 48 00 | | July 18 48 00 |

100

Funeral of Alford Sears

Date of Funeral July 16th Hour 9 9 M.

| | | | | | |
|---|---|---|---|---|---|
| Removing Remains | | | | Date of Death | July 13 |
| Embalming | Body | | 5 00 | Place of Death | Residence |
| Shaving and Laying Out | | | | Place of Funeral | " " |
| Casket No. | Size | | 65 00 | Clergyman | |
| | | | | Date of Burial | July 16 |
| Metal Inner Casket | Copper | Zinc | | Where Interred | Highland |
| Handles No. | | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | | 15 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | | |
| Metal Lined Box | | | | | |
| Mountings | Handles | Plate | | | |
| Metal Vault, Style | | | | | |
| Box Mattress | | | | Age 77 Years 11 Months 26 Days | |
| Burial Robe | | | | Color White | Occupation |
| Slippers | Prs. | Gloves | | Single, Married, Widow, Widower | |
| | Doz. Chairs | | | Birthplace | |
| Personal Attandance and Assistants | | | 5 00 | Last place of residence | |
| Drapery | Candelabra | Candles | | How long resident of this State | |
| Pedestals | Rug | | | Husband's Name | |
| | | | | Father's Name | |
| CASH EXPENDITURES. | | | | Country of Birth | |
| Door Dressing | | | | Mother's Name | |
| | Palms | | | Country of Birth | |
| Flowers | Pillow Husband | | 6 00 | Physician | |
| | Cross Father | | 5 00 | Cause of Death | |
| | | | | | |
| | Porters and | Gloves | | Ordered by | |
| Funeral Notices | | | | Charge to | |
| | | | | When rendered | |
| | | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | | Aug 17 | 10 00 |
| Sexton | | | | Sept 7 | 20 00 |
| Quartette, Soloist | Organist | | | Nov 2 | 21 00 |
| Delivering Box to | | | | Feb 21 19 | 4 00 |
| Opening Grave | Lining | | 5 00 | July (Balance) | 11 00 |
| Vault Charges | | | | | |
| Hearse | To Cemetery | | 6 00 | | |
| Coaches | | | | | |
| | | | | | |
| | | | | | |
| Telegrams | Telephone | | | | |
| Transportation Expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount of Bill | | | 102 00 | | 102 00 |

Funeral of Henry A. Bates

Date of Funeral Aug 1st Hour One P M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming Body | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. Size 6 ft | 65 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave at Greenfield Lining | 5 | 00 |
| Vault Charges | | |
| Hearse Auto Hearse | 8 | 00 |
| Coaches Car to Greenfield | 3 | 00 |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 36 | 00 |
| | 48 | 00 |

Date of Death July 28

Place of Death Millers Falls

Place of Funeral " "

Clergyman Dr Thompson

Date of Burial Aug 1st

Where Interred Greenfield Mass

Grave or Lot No. Section

Location of Grave

Age 57 Years Months Days

Color White Occupation Mechanic

Single, Married, Widow, Widower Married

Birthplace Goshen

Last place of residence Millers Falls

How long resident of this State 19 Years

Husband's Name

Father's Name Austin Bates

Country of Birth Mass

Mother's Name Sarah Porter

Country of Birth Colerain Mass

Physician Dr Endworth

Cause of Death Heart Disease

Ordered by Mrs Bates

Charge to Estate

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Aug | 7 | | 30 | 00 |
| Sept | 19 | | 48 | 00 |
| | | | 96 | 00 |

102

Funeral of Daniel G. Ormsbee

Date of Funeral Sept 16th Hour two M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming Emb Body | 5 00 | |
| Shaving and Laying Out | | |
| Casket No. Size 6 ft | 65 00 | |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 00 | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| two Doz. Chairs | | |
| Personal Attandance and Assistants | 5 00 | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | 5 00 | |
| Vault Charges | | |
| Hearse to Bentley | 6 00 | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 31 00 | |

Date of Death Sept 13th

Place of Death Miller Falls Mass

Place of Funeral " "

Clergyman Thurston

Date of Burial Sept 17th

Where Interred Miller Falls

Grave or Lot No. Section

Location of Grave

Age 49 Years 1 Months 13 Days

Color White Occupation Manufacturer

Single, Married, Widow, Widower Married

Birthplace Vermont

Last place of residence Miller Falls Mass

How long resident of this State 10 years

Husband's Name

Father's Name George D Ormsbee

Country of Birth Vermont

Mother's Name Julia French

Country of Birth Springfield Mass

Physician Wesley Bailey

Cause of Death Heart failure

Ordered by Mrs Ormsbee

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Oct | 22 | Cash | 90 | 00 |
| | | Dis | 1 | 00 |
| | | | 91 | 00 |

Funeral of Henry Richards

Date of Funeral Sept 27" Hour 3 P M.

| | | | | | |
|---|---|---|---|---|---|
| Removing Remains | From Owego to M H | 5 | 00 | Date of Death | Sept 22" |
| Embalming | M H to Lock Village | 5 | 00 | Place of Death | Camp Devens |
| Shaving and Laying Out | | | | Place of Funeral | Lock Village |
| Casket No. | Size | | | Clergyman | |
| | | | | Date of Burial | Sept 27" |
| Metal Inner Casket | Copper Zinc | | | Where Interred | Lock Village |
| Handles No. | | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | | | Location of Grave | |
| Lining and Pillow Set No. | | | | | |
| Metal Lined Box | | | | | |
| Mountings | Handles Plate | | | | |
| Metal Vault, Style | | | | | |
| Box Mattress | | | | Age Years | Months Days |
| Burial Robe | | | | Color White | Occupation Machinist |
| Slippers | Prs. Gloves | | | Single, Married, Widow, Widower | Married |
| | Doz. Chairs | | | Birthplace | |
| Personal Attandance and Assistants | | 10 | 00 | Last place of residence | |
| Drapery | Candelabra Candles | | | How long resident of this State | |
| Pedestals | Rug | | | Husband's Name | |
| | | | | Father's Name | |
| CASH EXPENDITURES. | | | | Country of Birth | |
| Door Dressing | | | | Mother's Name | |
| | Palms | | | Country of Birth | |
| Flowers | | | | Physician | |
| | | | | Cause of Death | |
| | | | | | |
| | Porters and Gloves | | | Ordered by | Mrs Richards |
| Funeral Notices | | | | Charge to | " |
| | | | | When rendered | Mr Allie Fiske |
| | | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | | | |
| Sexton | | | | | |
| Quartette, Soloist | Organist | | | | |
| Delivering Box to | | | | | |
| Opening Grave | Lining | | | | |
| Vault Charges | | | | | |
| Hearse | | | | | |
| Coaches | Paid Mr Whitby | 5 | 00 | | |
| | | | | | |
| | | | | | |
| Telegrams | Telephone Calls | 1 | 60 | | |
| Transportation Expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount of Bill | | 26 | 60 | | |

104

Funeral of Child of Henry Towns

Date of Funeral Oct 2" Hour M.

| | | | |
|---|---|---|---|
| Removing Remains | | | |
| Embalming | | | |
| Shaving and Laying Out | | | |
| Casket No. Size | 15 | 00 | |
| | | | |
| Metal Inner Casket Copper Zinc | | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | 3 | 00 | |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers Prs. Gloves | | | |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | 5 | 00 | |
| Drapery Candelabra Candles | | | |
| Pedestals Rug | | | |
| | | | |
| **CASH EXPENDITURES.** | | | |
| | | | |
| Door Dressing | | | |
| Palms | | | |
| Flowers | | | |
| | | | |
| | | | |
| Porters and Gloves | | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | | | |
| Sexton | | | |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Lining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transporiation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 23 | 00 | |

Date of Death Sept 30

Place of Death North Lawrence

Place of Funeral

Clergyman

Date of Burial Oct 2"

Where Interred Moore Cem

Grave or Lot No. Section

Location of Grave

Age 3 Years Months 1 Days

Color White Occupation

Single, Married, Widow, Widower

Birthplace North Lawrence

Last place of residence

How long resident of this State 3 Years

Husband's Name

Father's Name Henry Towns

Country of Birth Ware Mass

Mother's Name Ruth Briggs

Country of Birth North Lawrence

Physician Dr Nash

Cause of Death

Ordered by Henry Towns

Charge to Moore Cem

When rendered North Lawrence

RECEIVED ON ACCOUNT.

| | | | | | |
|---|---|---|---|---|---|
| Aug | 28 | By Cash | 23 | 00 | |

Funeral of Mary Cook

Date of Funeral Oct 11" Hour M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. Size 6 ft | 65 00 | |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 00 | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 00 | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 15 00 | |

Date of Death Oct 11"

Place of Death Montague Mass

Place of Funeral " "

Clergyman

Date of Burial Oct 11

Where Interred Montague City Hill

Grave or Lot No. Section

Location of Grave

Age 17 Years 10 Months 6 Days

Color White Occupation

Single, Married, Widow, Widower Single

Birthplace Montague

Last place of residence " "

How long resident of this State

Husband's Name

Father's Name Dwight Cook

Country of Birth England

Mother's Name Mary Henderson

Country of Birth Shutesbury

Physician

Cause of Death

Ordered by Dwight Cook

Charge to " "

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Dec | 9 | | 1 | 00 |

106

Funeral of Marcellus Gadonas

Date of Funeral Oct 15 Hour M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. 1260 Size 6 ft | 65 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse To Iverness Station | 6 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transporiation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | $86 | 00 |

Date of Death Oct 12

Place of Death Millers Falls

Place of Funeral " "

Clergyman

Date of Burial Oct 16

Where Interred Iverness Falls Mass

Grave or Lot No. Section

Location of Grave

Age 67 Years Months Days

Color White Occupation

Single, Married, Widow, Widower Widower

Birthplace Canada

Last place of residence Millers Falls

How long resident of this State from 3 yrs

Husband's Name ~~Father~~ Nars Bondeau

~~Father's Name~~

Country of Birth Canada

Mother's Name

Country of Birth

Physician Dr Woodbury

Cause of Death Pneumonia

Ordered by Mr Henry St Johns

Charge to " "

When rendered

RECEIVED ON ACCOUNT.

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| | | | | | |
| Oct | 19 | Paid | | 86 | 00 |

Funeral of Frank Cook
Date of Funeral Oct 16" Hour ______ M.

| | | |
|---|---|---|
| Removing Remains From Home | 5 | 00 |
| Embalming | 10 | 00 |
| Shaving and Laying Out | | |
| Casket No. 1260 Size 6 ft | 65 | 00 |
| | | |
| Metal Inner Casket ... Copper ... Zinc ... | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings ... Handles ... Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers ... Prs. ... Gloves | | |
| ... Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery ... Candelabra ... Candles | | |
| Pedestals ... Rug | | |

CASH EXPENDITURES.

| | | |
|---|---|---|
| Door Dressing | | |
| ... Palms | | |
| Flowers | | |
| | | |
| | | |
| ... Porters and ... Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | 5 | 00 |
| Sexton | | |
| Quartette, Soloist ... Organist | | |
| Delivering Box to | | |
| Opening Grave Smith Lining | 5 | 00 |
| Vault Charges | | |
| Hearse W. Cemetery | 6 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams ... Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 106 | 00 |

Date of Death Oct 13"
Place of Death Montague
Place of Funeral Millers Falls Mass
Clergyman Dr Thompson
Date of Burial Oct 17
Where Interred Millers Falls
Grave or Lot No. ... Section ...
Location of Grave ...

Age 46 Years 11 Months 12 Days
Color White Occupation Farmer
Single, Married, Widow, Widower Married
Birthplace Worcester Mass
Last place of residence Montague
How long resident of this State
Husband's Name ~~Frank Cook~~
Father's Name Frank Cook
Country of Birth Worcester Mass
Mother's Name Mary Andrews
Country of Birth Worcester
Physician Dr Twitchell
Cause of Death Suicide

Ordered by Mr Soaper
Charge to " "
When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| | | By Cash | 106 | 00 |

108

Funeral of Lannie Pratt

Date of Funeral Oct 17" Hour M.

| | | |
|---|---|---|
| Removing Remains | John Hare | 5 00 |
| Embalming | | 5 00 |
| Shaving and Laying Out | | |
| Casket No. Size | | 35 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 5 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | 5 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| CASH EXPENDITURES. | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | " " |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | " " |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse Auto to East Leverett | | 8 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transporiation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | | 53 00 |

Date of Death Oct 14

Place of Death Millers Falls

Place of Funeral " "

Clergyman

Date of Burial Oct 17

Where Interred East Leverett

Grave or Lot No. Section

Location of Grave

Age 26 Years 6 Months 4 Days

Color White Occupation Laborer

Single, Married, Widow, Widower Married

Birthplace Pelham

Last place of residence Millers Falls

How long resident of this State

Husband's Name

Father's Name Edward Pratt

Country of Birth Shutesbury Mass

Mother's Name Belinda Carpenter

Country of Birth Pelham Mass

Physician Dr Woodbury

Cause of Death

Ordered by Town Board, Overseers of Poor

Charge to Town of Montague

When rendered

RECEIVED ON ACCOUNT.

| | | | | | |
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| | | | | | |
| Nov | 15 | Cash | | 3 | 00 |

Funeral of Herbert B Bartlett

Date of Funeral Oct 23" 1918 Hour 1/30 M.

| | | | |
|---|---|---|---|
| Removing Remains | | | Date of Death Oct 20" |
| Embalming | 5 | 00 | Place of Death Millers Falls Mass |
| Shaving and Laying Out | | | Place of Funeral " " |
| Casket No. 1260 Size 5/9 | 75 | 00 | Clergyman Dr Thompson |
| | | | Date of Burial Oct 23" |
| Metal Inner Casket Copper Zinc | | | Where Interred Highland Cemetery |
| Handles No. | | | Grave or Lot No. Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany Box | 5 | 00 | Location of Grave |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings Handles Plate | | | |
| Metal Vault, Style | | | |
| Box Mattress | | | Age 42 Years Months Days |
| Burial Robe | | | Color White Occupation Farmer |
| Slippers Prs. Gloves | | | Single, Married, Widow, Widower Married |
| Doz. Chairs | | | Birthplace Millers Falls |
| Personal Attandance and Assistants | 5 | 00 | Last place of residence " |
| Drapery Candelabra Candles. | | | How long resident of this State 42" |
| Pedestals Rug | | | Husband's Name |
| | | | Father's Name Alonzo Bartlett |
| CASH EXPENDITURES. | | | Country of Birth Unknown |
| Door Dressing | | | Mother's Name Elizabeth Cowan |
| Palms | | | Country of Birth Ireland |
| Flowers 1 Bouquet | 5 | 00 | Physician Dr Woodbury |
| | | | Cause of Death |
| | | | |
| Porters and Gloves | | | Ordered by Herbert Lelandy |
| Funeral Notices | | | Charge to Estate of H Bartlett |
| | | | When rendered |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman Thompson | 5 | 00 | By Cash 109 00 |
| Sexton | | | " " 5 00 |
| Quartette, Soloist Organist | | | |
| Delivering Box to | | | |
| Opening Grave Smith Lining | 5 | 00 | |
| Vault Charges | | | |
| Hearse Home to Cemetery | 6 | 00 | |
| Coaches Paid for Autos | 3 | 00 | |
| | | | |
| | | | |
| Telegrams Telephone | | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | 114 | 00 | 114 00 |

110

Funeral of Edith Heald

Date of Funeral Oct 26" Hour M.

| | | | | | |
|---|---|---|---|---|---|
| Removing Remains | Town Hospital | 3 | 00 | Date of Death | Oct 25 |
| Embalming | | | | Place of Death | Town Hospital |
| Shaving and Laying Out | | | | Place of Funeral | |
| Casket No. 4½ | Size 4/11 | 20 | 00 | Clergyman | |
| | | | | Date of Burial | Oct 26" |
| Metal Inner Casket | Copper Zinc | | | Where Interred | Amherst Mass |
| Handles No. | | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 4 | 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | | |
| Metal Lined Box | | | | | |
| Mountings | Handles Plate | | | | |
| Metal Vault, Style | | | | | |
| Box Mattress | | | | Age 9 Years | Months Days |
| Burial Robe | | | | Color White | Occupation |
| Slippers | Prs. Gloves | | | Single, Married, Widow, Widower | |
| | Doz. Chairs | | | Birthplace | Amherst Mass |
| Personal Attandance and Assistants | | 15 | 00 | Last place of residence | Millers Falls |
| Drapery | Candelabra Candles | | | How long resident of this State | |
| Pedestals | Rug | | | Husband's Name | |
| | | | | Father's Name | Charles Heald |
| **CASH EXPENDITURES.** | | | | Country of Birth | Leverett |
| Door Dressing | | | | Mother's Name | Dora Heald |
| | Palms | | | Country of Birth | Shutesbury |
| Flowers | | | | Physician | Woodbury |
| | | | | Cause of Death | Pneumonia |
| | | | | Ordered by | Town of Montague |
| | Porters and Gloves | | | Charge to | Overseers of Poor |
| Funeral Notices | | | | When rendered | |
| Clergyman | | | | **RECEIVED ON ACCOUNT.** | |
| Sexton | | | | | |
| Quartette, Soloist | Organist | | | | |
| Delivering Box to | | | | | |
| Opening Grave at Amherst | Lining | 5 | 00 | | |
| Vault Charges | | | | | |
| Hearse | Auto to Amherst | 10 | 00 | | |
| Coaches | | | | | |
| Telegrams | Telephone | | | | |
| Transportation Expenses | | | | | |
| Amount of Bill | | 43 | 00 | | |

| | | | |
|---|---|---|---|
| | | By Cash | 43 00 |
| | | | 43 00 |

Funeral of Walter Stebbins

Date of Funeral Oct 28 Hour 2 P M.

| | | |
|---|---|---|
| Removing Remains From Station | 5 | 00 |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. ... Size | | |
| | | |
| Metal Inner Casket ... Copper ... Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings ... Handles ... Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers ... Prs. ... Gloves | | |
| ... Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery ... Candelabra ... Candles | | |
| Pedestals ... Rug | | |
| | | |
| **Cash Expenditures.** | | |
| Door Dressing | | |
| ... Palms | | |
| Flowers | | |
| | | |
| | | |
| ... Porters and ... Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist ... Organist | | |
| Delivering Box to | | |
| Opening Grave ... Lining | 5 | 00 |
| Vault Charges | | |
| Hearse To Cemetery | 6 | 00 |
| Coaches | | |
| | | |
| | | |
| Telegrams ... Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 21 | 00 |

Date of Death Oct 26

Place of Death Gardner Mass

Place of Funeral Miller Fuller Mass

Clergyman Thompson

Date of Burial Oct 28

Where Interred Highland

Grave or Lot No. ... Section ...

Location of Grave ...

Age 74 Years ... Months ... Days ...

Color White Occupation ...

Single, Married, Widow, Widower Single

Birthplace ...

Last place of residence Gardner

How long resident of this State ...

Husband's Name ...

Father's Name ...

Country of Birth ...

Mother's Name ...

Country of Birth ...

Physician ...

Cause of Death ...

Ordered by Mr Davis

Charge to " "

When rendered ...

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Nov | 9 | | 21 | 00 |

112

Funeral of Edwin Taylor Montague Tuttle

Date of Funeral Nov 18th 1918 Hour One o M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. 1260 Size 6 ft | 75 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | 5 | 00 |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| **CASH EXPENDITURES.** | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| 1 Shirt | 1 | 00 |
| Collar & Tie | | 50 |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 91 | 50 |

Date of Death Nov 15

Place of Death Montague Mass

Place of Funeral " "

Clergyman

Date of Burial Nov 18

Where Interred North Leverett

Grave or Lot No. Section

Location of Grave

Age 80 Years Months Days

Color White Occupation Farmer

Single, Married, Widow, Widower Widowed

Birthplace Buckland Mass

Last place of residence Montague Mass

How long resident of this State 80 years

Husband's Name

Father's Name

Country of Birth

Mother's Name Lucy Crow

Country of Birth

Physician Dr Marsh

Cause of Death

Ordered by Mrs Watson North Leverett

Charge to Mrs

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| 1919 | | | | |
| Feb 10 | 3rd | Check | 91 | 50 |

Funeral of Florence Hastings

Date of Funeral Nov 20 Hour Two P M.

| | | | |
|---|---|---|---|
| Removing Remains | From Hospital | 3 | 00 |
| Embalming | | 5 | 00 |
| Shaving and Laying Out | | | |
| Casket No. | Size 6 ft | 60 | 00 |
| | | | |
| Metal Inner Casket | Copper Zinc | | |
| Handles No. | | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 5 | 00 |
| Lining and Pillow Set No. | | | |
| Metal Lined Box | | | |
| Mountings | Handles Plate | | |
| Metal Vault, Style | | | |
| Box Mattress | | | |
| Burial Robe | | | |
| Slippers | Prs Gloves | | |
| | Doz. Chairs | | |
| Personal Attandance and Assistants | | 5 | 00 |
| Drapery | Candelabra Candles | | |
| Pedestals | Rug | | |
| | | | |
| CASH EXPENDITURES. | | | |
| Door Dressing | | | |
| | Palms | | |
| Flowers | | | |
| | | | |
| | | | |
| | Porters and Gloves | | |
| Funeral Notices | | | |
| | | | |
| | | | |
| | | | |
| Clergyman | Mr Thompson | 5 | 00 |
| Sexton | | | |
| Quartette, Soloist | Organist | | |
| Delivering Box to | | | |
| Opening Grave | at Highlands Lining | 5 | 00 |
| Vault Charges | | | |
| Hearse | | 5 | 00 |
| Coaches | | | |
| | | | |
| | | | |
| Telegrams | Telephone | | |
| Transportation Expenses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Amount of Bill | | 93 | 00 |

Date of Death Nov 18 1918

Place of Death Farren Hospital

Place of Funeral Mrs Pratts Fuller Falls

Clergyman Thompson

Date of Burial Nov 20"

Where Interred Highland Cemetery

Grave or Lot No. Section

Location of Grave

Age 75 Years 4 Months 14 Days

Color White Occupation Housework

Single, Married, Widow, Widower Widowed

Birthplace Vermont

Last place of residence Evening Hours

How long resident of this State about 40 years

Husband's Name L Hastings

Father's Name Daly

Country of Birth

Mother's Name

Country of Birth

Physician Dr Woodbury

Cause of Death

Ordered by Mrs Pratt

Charge to " "

When rendered

RECEIVED ON ACCOUNT.

114

Funeral of Edward J Blais

Date of Funeral Nov 21 1918 Hour M.

| | | |
|---|---|---|
| Removing Remains | | |
| Embalming | | |
| Shaving and Laying Out | | |
| Casket No. Size 241 | 5 00 | |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany | | |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs. Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 5 00 | |

Date of Death Nov 23

Place of Death Essex Mass

Place of Funeral "

Clergyman

Date of Burial Nov 24

Where Interred Linn Falls Mass

Grave or Lot No. Section

Location of Grave

Age Years 1 Months 6 Days

Color White Occupation

Single, Married, Widow, Widower

Birthplace Essex Mass

Last place of residence "

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by Edward Blais

Charge to "

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Nov | 24 | | 5 | 00 |
| Nov | 24 | | 5 | 00 |

Funeral of Alonzo H. [illegible]

Date of Funeral "Dec 9" Hour M.

| | | | | |
|---|---|---|---|---|
| Removing Remains | | | Date of Death | Dec 7" |
| Embalming | Body | 5 | 00 | Place of Death | Irontagan Iowa |
| Shaving and Laying Out | | | | Place of Funeral | " " |
| Casket No. 12 | Size 6 ft | 60 | 00 | Clergyman | |
| | | | | Date of Burial | Dec 10" |
| Metal Inner Casket | Copper Zinc | | | Where Interred | East Lawn Linden |
| Handles No. | | | | Grave or Lot No. | Section |
| Outside Case, Pine, Chestnut, Oak, Mahogany | Pine | 5 | 00 | Location of Grave | |
| Lining and Pillow Set No. | | | | | |
| Metal Lined Box | | | | | |
| Mountings | Handles | Plate | | | |
| Metal Vault, Style | | | | | |
| Box Mattress | | | | Age 8 3 | Years Months Days |
| Burial Robe | | | | Color | Occupation |
| Slippers | Prs Gloves | | | Single, Married, Widow, Widower | Widowed |
| Doz. Chairs | | | | Birthplace | |
| Personal Attandance and Assistants | | 5 | 00 | Last place of residence | Irontagan |
| Drapery | Candelabra Candles | | | How long resident of this State | |
| Pedestals | Rug | | | Husband's Name | |
| | | | | Father's Name | |
| CASH EXPENDITURES. | | | | Country of Birth | |
| Door Dressing | | | | Mother's Name | |
| Palms | | | | Country of Birth | |
| Flowers | | | | Physician | Dr Marsh |
| | | | | Cause of Death | |
| | | | | Ordered by | Hiram Lambert |
| Porters and | Gloves | | | Charge to | " |
| Funeral Notices | | | | When rendered | |
| | | | | RECEIVED ON ACCOUNT. | |
| Clergyman | | | | | |
| Sexton | | | | | |
| Quartette, Soloist | Organist | | | | |
| Delivering Box to | | | | | |
| Opening Grave | Lining | | | | |
| Vault Charges | | | | | |
| Hearse | | | | | |
| Coaches | | | | | |
| Ticket for Body | | 1 | 43 | | |
| | | | | | |
| Telegrams | Telephone | | | | |
| Transportation Expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount of Bill | | | | | 77 42 |

116

Funeral of Allen D Evens

Date of Funeral Dec 12" Hour M.

| | | |
|---|---|---|
| Removing Remains Hearse Horse & Defat | 3 | 00 |
| Embalming | 5 | 00 |
| Shaving and Laying Out | | |
| Casket No. [illegible] Size 6 ft | 40 | 00 |
| | | |
| Metal Inner Casket Copper Zinc | | |
| Handles No. | | |
| Outside Case, Pine, Chestnut, Oak, Mahogany Pine | 5 | 00 |
| Lining and Pillow Set No. | | |
| Metal Lined Box | | |
| Mountings Handles Plate | | |
| Metal Vault, Style | | |
| Box Mattress | | |
| Burial Robe | | |
| Slippers Prs Gloves | | |
| Doz. Chairs | | |
| Personal Attandance and Assistants | | |
| Drapery Candelabra Candles | | |
| Pedestals Rug | | |
| | | |
| CASH EXPENDITURES. | | |
| | | |
| Door Dressing | | |
| Palms | | |
| Flowers | | |
| | | |
| | | |
| Porters and Gloves | | |
| Funeral Notices | | |
| | | |
| | | |
| | | |
| Clergyman | | |
| Sexton | | |
| Quartette, Soloist Organist | | |
| Delivering Box to | | |
| Opening Grave Lining | | |
| Vault Charges | | |
| Hearse | | |
| Coaches | | |
| | | |
| | | |
| Telegrams Telephone | | |
| Transportation Expenses | | |
| | | |
| | | |
| | | |
| | | |
| Amount of Bill | 53 | 00 |

Date of Death Dec 7" 1918

Place of Death Montague Mass

Place of Funeral South Newfane Vt

Clergyman

Date of Burial Dec 12

Where Interred South Newfane

Grave or Lot No. Section

Location of Grave

Age 83 Years 9 Months 11 Days

Color White Occupation Carpenter

Single, Married, Widow, Widower Widower

Birthplace Mass

Last place of residence Montague Mass

How long resident of this State one week

Husband's Name

Father's Name

Country of Birth Mass

Mother's Name

Country of Birth

Physician Dr G P Twitchell

Cause of Death Pneumonia

Ordered by George Merrendell

Charge to

When rendered

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| Feb | 15 | Cash | 2 | 00 |

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

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*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

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*Ordered by*.....

*Charge to*.....

*When rendered*.....

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RECEIVED ON ACCOUNT.

Funeral of ........................................

Date of Funeral ........................................ Hour ........................ M.

| | | |
|---|---|---|
| *Removing Remains* | ........ | ........ |
| *Embalming* | ........ | ........ |
| *Shaving and Laying Out* | ........ | ........ |
| *Casket No.* ........ *Size* | ........ | ........ |
| ........ | ........ | ........ |
| *Metal Inner Casket* ........ *Copper* ........ *Zinc* | ........ | ........ |
| *Handles No.* | ........ | ........ |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | ........ | ........ |
| *Lining and Pillow Set No.* | ........ | ........ |
| *Metal Lined Box* | ........ | ........ |
| *Mountings* ........ *Handles* ........ *Plate* | ........ | ........ |
| *Metal Vault, Style* | ........ | ........ |
| *Box Mattress* | ........ | ........ |
| *Burial Robe* | ........ | ........ |
| *Slippers* ........ *Prs.* ........ *Gloves* | ........ | ........ |
| ........ *Doz. Chairs* | ........ | ........ |
| *Personal Attandance and Assistants* | ........ | ........ |
| *Drapery* ........ *Candelabra* ........ *Candles.* | ........ | ........ |
| *Pedestals* ........ *Rug* | ........ | ........ |
| | ........ | ........ |
| **CASH EXPENDITURES.** | ........ | ........ |
| *Door Dressing* | ........ | ........ |
| ........ *Palms* | ........ | ........ |
| *Flowers* | ........ | ........ |
| ........ | ........ | ........ |
| ........ | ........ | ........ |
| ........ *Porters and* ........ *Gloves* | ........ | ........ |
| *Funeral Notices* | ........ | ........ |
| ........ | ........ | ........ |
| ........ | ........ | ........ |
| ........ | ........ | ........ |
| *Clergyman* | ........ | ........ |
| *Sexton* | ........ | ........ |
| *Quartette, Soloist* ........ *Organist* | ........ | ........ |
| *Delivering Box to* | ........ | ........ |
| *Opening Grave* ........ *Lining* | ........ | ........ |
| *Vault Charges* | ........ | ........ |
| *Hearse* | ........ | ........ |
| *Coaches* | ........ | ........ |
| ........ | ........ | ........ |
| ........ | ........ | ........ |
| *Telegrams* ........ *Telephone* | ........ | ........ |
| *Transportation Expenses* | ........ | ........ |
| ........ | ........ | ........ |
| ........ | ........ | ........ |
| ........ | ........ | ........ |
| ........ | ........ | ........ |
| *Amount of Bill* | ........ | ........ |

*Date of Death* ........

*Place of Death* ........

*Place of Funeral* ........

*Clergyman* ........

*Date of Burial* ........

*Where Interred* ........

*Grave or Lot No.* ........ *Section* ........

*Location of Grave* ........

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*Age* ........ *Years* ........ *Months* ........ *Days* ........

*Color* ........ *Occupation* ........

*Single, Married, Widow, Widower* ........

*Birthplace* ........

*Last place of residence* ........

*How long resident of this State* ........

*Husband's Name* ........

*Father's Name* ........

*Country of Birth* ........

*Mother's Name* ........

*Country of Birth* ........

*Physician* ........

*Cause of Death* ........

*Ordered by* ........

*Charge to* ........

*When rendered* ........

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
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| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |
| ........ | ........ | ........ | ........ | ........ |

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* ..... *Embalming* ..... *Shaving and Laying Out* ..... *Casket No.* ..... *Size* ..... ..... *Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... *Handles No.* ..... *Outside Case, Pine, Chestnut, Oak, Mahogany* ..... *Lining and Pillow Set No.* ..... *Metal Lined Box* ..... *Mountings* ..... *Handles* ..... *Plate* ..... *Metal Vault, Style* ..... *Box Mattress* ..... *Burial Robe* ..... *Slippers* ..... *Prs.* ..... *Gloves* ..... ..... *Doz. Chairs* ..... *Personal Attandance and Assistants* ..... *Drapery* ..... *Candelabra* ..... *Candles* ..... *Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* ..... ..... *Palms* ..... *Flowers* ..... ..... ..... *Porters and* ..... *Gloves* ..... *Funeral Notices* ..... ..... ..... ..... *Clergyman* ..... *Sexton* ..... *Quartette, Soloist* ..... *Organist* ..... *Delivering Box to* ..... *Opening Grave* ..... *Lining* ..... *Vault Charges* ..... *Hearse* ..... *Coaches* ..... ..... ..... *Telegrams* ..... *Telephone* ..... *Transportation Expenses* ..... ..... ..... ..... ..... ..... *Amount of Bill* .....

*Date of Death* .....

*Place of Death* .....

*Place of Funeral* .....

*Clergyman* .....

*Date of Burial* .....

*Where Interred* .....

*Grave or Lot No.* ..... *Section* .....

*Location of Grave* .....

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*Age* ..... *Years* ..... *Months* ..... *Days* .....

*Color* ..... *Occupation* .....

*Single, Married, Widow, Widower* .....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State* .....

*Husband's Name* .....

*Father's Name* .....

*Country of Birth* .....

*Mother's Name* .....

*Country of Birth* .....

*Physician* .....

*Cause of Death* .....

*Ordered by* .....

*Charge to* .....

*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*.....
*Embalming* .....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe* .....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants* .....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
.....
.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave* .....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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.....
*Amount of Bill*.....

*Date of Death* .....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave* .....
.....
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.....
.....
*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State*.....
*Husband's Name* .....
*Father's Name*.....
*Country of Birth* .....
*Mother's Name*.....
*Country of Birth*.....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

.....

.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*..... *Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

.....

..... .....

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.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*..... .....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*..... .....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of ............................................................

Date of Funeral ______________________ Hour .............. M.

*Removing Remains* ..........

*Embalming* ..........

*Shaving and Laying Out* ..........

*Casket No.* .......... *Size* ..........

..........

*Metal Inner Casket* .......... *Copper* .......... *Zinc* ..........

*Handles No.* ..........

*Outside Case, Pine, Chestnut, Oak, Mahogany* ..........

*Lining and Pillow Set No.* ..........

*Metal Lined Box* ..........

*Mountings* .......... *Handles* .......... *Plate* ..........

*Metal Vault, Style* ..........

*Box Mattress* ..........

*Burial Robe* ..........

*Slippers* .......... *Prs* .......... *Gloves* ..........

.......... *Doz. Chairs* ..........

*Personal Attandance and Assistants* ..........

*Drapery* .......... *Candelabra* .......... *Candles* ..........

*Pedestals* .......... *Rug* ..........

CASH EXPENDITURES.

*Door Dressing* ..........

.......... *Palms* ..........

*Flowers* ..........

..........

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.......... *Porters and* .......... *Gloves* ..........

*Funeral Notices* ..........

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..........

*Clergyman* ..........

*Sexton* ..........

*Quartette, Soloist* .......... *Organist* ..........

*Delivering Box to* ..........

*Opening Grave* .......... *Lining* ..........

*Vault Charges* ..........

*Hearse* ..........

*Coaches* ..........

..........

..........

*Telegrams* .......... *Telephone* ..........

*Transportation Expenses* ..........

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*Amount of Bill* ..........

*Date of Death* ..........

*Place of Death* ..........

*Place of Funeral* ..........

*Clergyman* ..........

*Date of Burial* ..........

*Where Interred* ..........

*Grave or Lot No* .......... *Section* ..........

*Location of Grave* ..........

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*Age* .......... *Years* .......... *Months* .......... *Days* ..........

*Color* .......... *Occupation* ..........

*Single, Married, Widow, Widower* ..........

*Birthplace* ..........

*Last place of residence* ..........

*How long resident of this State* ..........

*Husband's Name* ..........

*Father's Name* ..........

*Country of Birth* ..........

*Mother's Name* ..........

*Country of Birth* ..........

*Physician* ..........

*Cause of Death* ..........

*Ordered by* ..........

*Charge to* ..........

*When rendered* ..........

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| | | | | |

Funeral of

Date of Funeral — Hour — M.

Removing Remains

Embalming

Shaving and Laying Out

Casket No. ... Size

Metal Inner Casket ... Copper ... Zinc

Handles No.

Outside Case, Pine, Chestnut, Oak, Mahogany

Lining and Pillow Set No.

Metal Lined Box

Mountings ... Handles ... Plate

Metal Vault, Style

Box Mattress

Burial Robe

Slippers ... Prs. ... Gloves

... Doz. Chairs

Personal Attandance and Assistants

Drapery ... Candelabra ... Candles.

Pedestals ... Rug

CASH EXPENDITURES.

Door Dressing

... Palms

Flowers

... Porters and ... Gloves

Funeral Notices

Clergyman

Sexton

Quartette, Soloist ... Organist

Delivering Box to

Opening Grave ... Lining

Vault Charges

Hearse

Coaches

Telegrams ... Telephone

Transporiation Expenses

Amount of Bill

Date of Death

Place of Death

Place of Funeral

Clergyman

Date of Burial

Where Interred

Grave or Lot No. ... Section

Location of Grave

Age ... Years ... Months ... Days

Color ... Occupation

Single, Married, Widow, Widower

Birthplace

Last place of residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ..... *Size*

*Metal Inner Casket* ..... *Copper* ..... *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* ..... *Handles* ..... *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ..... *Prs.* ..... *Gloves*

..... *Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* ..... *Candelabra* ..... *Candles.*

*Pedestals* ..... *Rug*

CASH EXPENDITURES.

*Door Dressing*

..... *Palms*

*Flowers*

*Porters and* ..... *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ..... *Organist*

*Delivering Box to*

*Opening Grave* ..... *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ..... *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* ..... *Section*

*Location of Grave*

*Age* ..... *Years* ..... *Months* ..... *Days*

*Color* ..... *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

.....

.....

.....

.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains*.....

*Embalming* .....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe* .....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants* .....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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..... *Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave* .....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death* .....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave* .....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State*.....

*Husband's Name* .....

*Father's Name*.....

*Country of Birth* .....

*Mother's Name*.....

*Country of Birth*.....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered*.....

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RECEIVED ON ACCOUNT.

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Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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..... *Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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..... *Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

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*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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..... *Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

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*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

136

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
.....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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.....
*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of

Date of Funeral …… Hour …… M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* …… *Size*

*Metal Inner Casket* …… *Copper* …… *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* …… *Handles* …… *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* …… *Prs.* …… *Gloves*
…… *Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* …… *Candelabra* …… *Candles*
*Pedestals* …… *Rug*

CASH EXPENDITURES.

*Door Dressing*
…… *Palms*
*Flowers*

…… *Porters and* …… *Gloves*
*Funeral Notices*

*Clergyman*
*Sexton*
*Quartette, Soloist* …… *Organist*
*Delivering Box to*
*Opening Grave* …… *Lining*
*Vault Charges*
*Hearse*
*Coaches*

*Telegrams* …… *Telephone*
*Transportation Expenses*

*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* …… *Section*
*Location of Grave*

*Age* …… *Years* …… *Months* …… *Days*
*Color* …… *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

.....

.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

.....

.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

.....

.....

.....

.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No.*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No.*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No.*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs.*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No.*.....*Section*.....
*Location of Grave*.....
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.....
*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral ______ Hour ______ M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* ...... *Size*
*Metal Inner Casket* ...... *Copper* ...... *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* ...... *Handles* ...... *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* ...... *Prs.* ...... *Gloves*
...... *Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* ...... *Candelabra* ...... *Candles.*
*Pedestals* ...... *Rug*

CASH EXPENDITURES.

*Door Dressing*
...... *Palms*
*Flowers*
...... *Porters and* ...... *Gloves*
*Funeral Notices*
*Clergyman*
*Sexton*
*Quartette, Soloist* ...... *Organist*
*Delivering Box to*
*Opening Grave* ...... *Lining*
*Vault Charges*
*Hearse*
*Coaches*
*Telegrams* ...... *Telephone*
*Transportation Expenses*
*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* ...... *Section*
*Location of Grave*
*Age* ...... *Years* ...... *Months* ...... *Days*
*Color* ...... *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

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Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transporiation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.



Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains*.....

*Embalming* .....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress* .....

*Burial Robe* .....

*Slippers* .....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants* .....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*..... .....*Rug* .....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave* .....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death* .....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave* .....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State*.....

*Husband's Name* .....

*Father's Name*.....

*Country of Birth* .....

*Mother's Name*.....

*Country of Birth*.....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of ______________________

Date of Funeral ______________________ Hour ________ M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* ........ *Size* ........
........
*Metal Inner Casket* ........ *Copper* ........ *Zinc* ........
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* ........ *Handles* ........ *Plate* ........
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* ........ *Prs.* ........ *Gloves* ........
........ *Doz. Chairs* ........
*Personal Attandance and Assistants*
*Drapery* ........ *Candelabra* ........ *Candles* ........
*Pedestals* ........ *Rug* ........

CASH EXPENDITURES.

*Door Dressing*
........ *Palms* ........
*Flowers*
........
........
........ *Porters and* ........ *Gloves* ........
*Funeral Notices*
........
........
........
*Clergyman*
*Sexton*
*Quartette, Soloist* ........ *Organist* ........
*Delivering Box to*
*Opening Grave* ........ *Lining* ........
*Vault Charges*
*Hearse*
*Coaches*
........
........
*Telegrams* ........ *Telephone* ........
*Transportation Expenses*
........
........
........
........
*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* ........ *Section* ........
*Location of Grave*
........
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........
........
*Age* ........ *Years* ........ *Months* ........ *Days* ........
*Color* ........ *Occupation* ........
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box.*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of ..............................

Date of Funeral ______________________ Hour .................. M.

| | | |
|---|---|---|
| *Removing Remains* | | |
| *Embalming* | | |
| *Shaving and Laying Out* | | |
| *Casket No.*..........*Size* | | |
| | | |
| *Metal Inner Casket*..........*Copper*..........*Zinc* | | |
| *Handles No.* | | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | |
| *Lining and Pillow Set No.* | | |
| *Metal Lined Box* | | |
| *Mountings*..........*Handles*..........*Plate* | | |
| *Metal Vault, Style* | | |
| *Box Mattress* | | |
| *Burial Robe* | | |
| *Slippers*..........*Prs*..........*Gloves* | | |
| ..........*Doz. Chairs* | | |
| *Personal Attandance and Assistants* | | |
| *Drapery*..........*Candelabra*..........*Candles* | | |
| *Pedestals*..........*Rug* | | |
| | | |
| CASH EXPENDITURES. | | |
| *Door Dressing* | | |
| ..........*Palms* | | |
| *Flowers* | | |
| | | |
| | | |
| ..........*Porters and*..........*Gloves* | | |
| *Funeral Notices* | | |
| | | |
| | | |
| | | |
| *Clergyman* | | |
| *Sexton* | | |
| *Quartette, Soloist*..........*Organist* | | |
| *Delivering Box to* | | |
| *Opening Grave*..........*Lining* | | |
| *Vault Charges* | | |
| *Hearse* | | |
| *Coaches* | | |
| | | |
| | | |
| *Telegrams*..........*Telephone* | | |
| *Transportation Expenses* | | |
| | | |
| | | |
| | | |
| | | |
| *Amount of Bill* | | |

*Date of Death* ..............................

*Place of Death* ..............................

*Place of Funeral* ..............................

*Clergyman* ..............................

*Date of Burial* ..............................

*Where Interred* ..............................

*Grave or Lot No.*..........*Section*..........

*Location of Grave* ..............................

*Age*.......... *Years*.......... *Months*.......... *Days*..........

*Color*..........*Occupation*..........

*Single, Married, Widow, Widower*..........

*Birthplace* ..............................

*Last place of residence* ..............................

*How long resident of this State*..........

*Husband's Name* ..............................

*Father's Name* ..............................

*Country of Birth* ..............................

*Mother's Name* ..............................

*Country of Birth* ..............................

*Physician* ..............................

*Cause of Death* ..............................

*Ordered by* ..............................

*Charge to* ..............................

*When rendered* ..............................

RECEIVED ON ACCOUNT.

| | | | | |
|---|---|---|---|---|
| | | | | |

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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.....
*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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.....
*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral — Hour — M.

| | | |
|---|---|---|
| *Removing Remains* | | |
| *Embalming* | | |
| *Shaving and Laying Out* | | |
| *Casket No.* … *Size* | | |
| | | |
| *Metal Inner Casket* … *Copper* … *Zinc* | | |
| *Handles No.* | | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | |
| *Lining and Pillow Set No.* | | |
| *Metal Lined Box* | | |
| *Mountings* … *Handles* … *Plate* | | |
| *Metal Vault, Style* | | |
| *Box Mattress* | | |
| *Burial Robe* | | |
| *Slippers* … *Prs* … *Gloves* | | |
| … *Doz. Chairs* | | |
| *Personal Attandance and Assistants* | | |
| *Drapery* … *Candelabra* … *Candles* | | |
| *Pedestals* … *Rug* | | |

CASH EXPENDITURES.

| | | |
|---|---|---|
| *Door Dressing* | | |
| … *Palms* | | |
| *Flowers* | | |
| | | |
| | | |
| … *Porters and* … *Gloves* | | |
| *Funeral Notices* | | |
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| | | |
| *Clergyman* | | |
| *Sexton* | | |
| *Quartette, Soloist* … *Organist* | | |
| *Delivering Box to* | | |
| *Opening Grave* … *Lining* | | |
| *Vault Charges* | | |
| *Hearse* | | |
| *Coaches* | | |
| | | |
| | | |
| *Telegrams* … *Telephone* | | |
| *Transportation Expenses* | | |
| | | |
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| | | |
| | | |
| *Amount of Bill* | | |

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* … *Section*

*Location of Grave*

*Age* … *Years* … *Months* … *Days*

*Color* … *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

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Funeral of

Date of Funeral ... Hour ... M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ... *Size*

*Metal Inner Casket* ... *Copper* ... *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box.*

*Mountings* ... *Handles* ... *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ... *Prs.* ... *Gloves*

... *Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* ... *Candelabra* ... *Candles.*

*Pedestals* ... *Rug*

Cash Expenditures.

*Door Dressing*

... *Palms*

*Flowers*

... *Porters and* ... *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ... *Organist*

*Delivering Box to*

*Opening Grave* ... *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ... *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* ... *Section*

*Location of Grave*

*Age* ... *Years* ... *Months* ... *Days*

*Color* ... *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | *Date of Death* |
| *Embalming* | | | *Place of Death* |
| *Shaving and Laying Out* | | | *Place of Funeral* |
| *Casket No. ... Size* | | | *Clergyman* |
| | | | *Date of Burial* |
| *Metal Inner Casket ... Copper ... Zinc* | | | *Where Interred* |
| *Handles No.* | | | *Grave or Lot No. ... Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings ... Handles ... Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age ... Years ... Months ... Days* |
| *Burial Robe* | | | *Color ... Occupation* |
| *Slippers ... Prs. ... Gloves* | | | *Single, Married, Widow, Widower* |
| *... Doz. Chairs* | | | *Birthplace* |
| *Personal Attandance and Assistants* | | | *Last place of residence* |
| *Drapery ... Candelabra ... Candles* | | | *How long resident of this State* |
| *Pedestals ... Rug* | | | *Husband's Name* |
| | | | *Father's Name* |
| CASH EXPENDITURES. | | | *Country of Birth* |
| *Door Dressing* | | | *Mother's Name* |
| *... Palms* | | | *Country of Birth* |
| *Flowers* | | | *Physician* |
| | | | *Cause of Death* |
| | | | |
| *... Porters and ... Gloves* | | | *Ordered by* |
| *Funeral Notices* | | | *Charge to* |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| | | | |
| *Clergyman* | | | |
| *Sexton* | | | |
| *Quartette, Soloist ... Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave ... Lining* | | | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* | | | |
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| *Telegrams ... Telephone* | | | |
| *Transportation Expenses* | | | |
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| *Amount of Bill* | | | |

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

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RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box.* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of ..........

Date of Funeral __________ Hour .......... M.

*Removing Remains* ..........

*Embalming* ..........

*Shaving and Laying Out* ..........

*Casket No.* .......... *Size* ..........

..........

*Metal Inner Casket* .......... *Copper* .......... *Zinc* ..........

*Handles No.* ..........

*Outside Case, Pine, Chestnut, Oak, Mahogany* ..........

*Lining and Pillow Set No.* ..........

*Metal Lined Box* ..........

*Mountings* .......... *Handles* .......... *Plate* ..........

*Metal Vault, Style* ..........

*Box Mattress* ..........

*Burial Robe* ..........

*Slippers* .......... *Prs* .......... *Gloves* ..........

.......... *Doz. Chairs* ..........

*Personal Attandance and Assistants* ..........

*Drapery* .......... *Candelabra* .......... *Candles* ..........

*Pedestals* .......... *Rug* ..........

CASH EXPENDITURES.

*Door Dressing* ..........

.......... *Palms* ..........

*Flowers* ..........

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.......... *Porters and* .......... *Gloves* ..........

*Funeral Notices* ..........

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*Clergyman* ..........

*Sexton* ..........

*Quartette, Soloist* .......... *Organist* ..........

*Delivering Box to* ..........

*Opening Grave* .......... *Lining* ..........

*Vault Charges* ..........

*Hearse* ..........

*Coaches* ..........

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*Telegrams* .......... *Telephone* ..........

*Transportation Expenses* ..........

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*Amount of Bill* ..........

*Date of Death* ..........

*Place of Death* ..........

*Place of Funeral* ..........

*Clergyman* ..........

*Date of Burial* ..........

*Where Interred* ..........

*Grave or Lot No.* .......... *Section* ..........

*Location of Grave* ..........

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*Age* .......... *Years* .......... *Months* .......... *Days* ..........

*Color* .......... *Occupation* ..........

*Single, Married, Widow, Widower* ..........

*Birthplace* ..........

*Last place of residence* ..........

*How long resident of this State* ..........

*Husband's Name* ..........

*Father's Name* ..........

*Country of Birth* ..........

*Mother's Name* ..........

*Country of Birth* ..........

*Physician* ..........

*Cause of Death* ..........

*Ordered by* ..........

*Charge to* ..........

*When rendered* ..........

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No.*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No.*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No.*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs.*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles.*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
.....
*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No.*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*.....
*Embalming* .....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe* .....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants* .....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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..... *Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave* .....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*..... *Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death* .....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave* .....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State*.....
*Husband's Name* .....
*Father's Name*.....
*Country of Birth* .....
*Mother's Name*.....
*Country of Birth*..... .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*.....
*Embalming* .....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe* .....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants* .....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave* .....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death* .....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave* .....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State*.....
*Husband's Name* .....
*Father's Name*.....
*Country of Birth* .....
*Mother's Name*.....
*Country of Birth*.....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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***Amount of Bill*** .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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..... *Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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***Amount of Bill*** .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
***Single, Married, Widow, Widower*** .....
*Birthplace* .....
***Last place of residence*** .....
***How long resident of this State*** .....
***Husband's Name*** .....
*Father's Name* .....
*Country of Birth* .....
***Mother's Name*** .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
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*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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***Amount of Bill*** .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of ....................

Date of Funeral ____________ Hour ______ M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.*..........*Size*

*Metal Inner Casket*..........*Copper*..........*Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box.*

*Mountings*..........*Handles*..........*Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers*..........*Prs.*..........*Gloves*

..........*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery*..........*Candelabra*..........*Candles.*

*Pedestals*..........*Rug*

CASH EXPENDITURES.

*Door Dressing*

..........*Palms*

*Flowers*

..........*Porters and*..........*Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist*..........*Organist*

*Delivering Box to*

*Opening Grave*..........*Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams*..........*Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No*..........*Section*

*Location of Grave*

*Age*..........*Years*..........*Months*..........*Days*

*Color*..........*Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
.....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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.....
*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of ..........

Date of Funeral __________ Hour .......... M.

*Removing Remains* ..........

*Embalming* ..........

*Shaving and Laying Out* ..........

*Casket No.* .......... *Size* ..........

..........

*Metal Inner Casket* .......... *Copper* .......... *Zinc* ..........

*Handles No.* ..........

*Outside Case, Pine, Chestnut, Oak, Mahogany* ..........

*Lining and Pillow Set No.* ..........

*Metal Lined Box* ..........

*Mountings* .......... *Handles* .......... *Plate* ..........

*Metal Vault, Style* ..........

*Box Mattress* ..........

*Burial Robe* ..........

*Slippers* .......... *Prs* .......... *Gloves* ..........

.......... *Doz. Chairs* ..........

*Personal Attandance and Assistants* ..........

*Drapery* .......... *Candelabra* .......... *Candles* ..........

*Pedestals* .......... *Rug* ..........

CASH EXPENDITURES.

*Door Dressing* ..........

.......... *Palms* ..........

*Flowers* ..........

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.......... *Porters and* .......... *Gloves* ..........

*Funeral Notices* ..........

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*Clergyman* ..........

*Sexton* ..........

*Quartette, Soloist* .......... *Organist* ..........

*Delivering Box to* ..........

*Opening Grave* .......... *Lining* ..........

*Vault Charges* ..........

*Hearse* ..........

*Coaches* ..........

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*Telegrams* .......... *Telephone* ..........

*Transportation Expenses* ..........

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*Amount of Bill* ..........

*Date of Death* ..........

*Place of Death* ..........

*Place of Funeral* ..........

*Clergyman* ..........

*Date of Burial* ..........

*Where Interred* ..........

*Grave or Lot No.* .......... *Section* ..........

*Location of Grave* ..........

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*Age* .......... *Years* .......... *Months* .......... *Days* ..........

*Color* .......... *Occupation* ..........

*Single, Married, Widow, Widower* ..........

*Birthplace* ..........

*Last place of residence* ..........

*How long resident of this State* ..........

*Husband's Name* ..........

*Father's Name* ..........

*Country of Birth* ..........

*Mother's Name* ..........

*Country of Birth* ..........

*Physician* ..........

*Cause of Death* ..........

*Ordered by* ..........

*Charge to* ..........

*When rendered* ..........

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

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RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box.* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

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RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral ________ Hour ________ M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ........ *Size* ........

*Metal Inner Casket* ........ *Copper* ........ *Zinc* ........

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* ........ *Handles* ........ *Plate* ........

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ........ *Prs* ........ *Gloves* ........

........ *Doz. Chairs* ........

*Personal Attandance and Assistants*

*Drapery* ........ *Candelabra* ........ *Candles* ........

*Pedestals* ........ *Rug* ........

CASH EXPENDITURES.

*Door Dressing*

........ *Palms* ........

*Flowers*

........ *Porters and* ........ *Gloves* ........

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ........ *Organist* ........

*Delivering Box to*

*Opening Grave* ........ *Lining* ........

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ........ *Telephone* ........

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* ........ *Section* ........

*Location of Grave*

*Age* ........ *Years* ........ *Months* ........ *Days* ........

*Color* ........ *Occupation* ........

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

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RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of ........................................

Date of Funeral ________________________ Hour ........................ M.

| | | |
|---|---|---|
| *Removing Remains*........................ | ........ | ........ |
| *Embalming*........................ | ........ | ........ |
| *Shaving and Laying Out*........................ | ........ | ........ |
| *Casket No*................*Size*........ | ........ | ........ |
| ........................ | ........ | ........ |
| *Metal Inner Casket*........*Copper*........*Zinc*........ | ........ | ........ |
| *Handles No*........................ | ........ | ........ |
| *Outside Case, Pine, Chestnut, Oak, Mahogany*........ | ........ | ........ |
| *Lining and Pillow Set No*........................ | ........ | ........ |
| *Metal Lined Box*........................ | ........ | ........ |
| *Mountings*........*Handles*........*Plate*........ | ........ | ........ |
| *Metal Vault, Style*........................ | ........ | ........ |
| *Box Mattress*........................ | ........ | ........ |
| *Burial Robe*........................ | ........ | ........ |
| *Slippers*........*Prs*........*Gloves*........ | ........ | ........ |
| ........*Doz. Chairs*........................ | ........ | ........ |
| *Personal Attandance and Assistants*........ | ........ | ........ |
| *Drapery*........*Candelabra*........*Candles*........ | ........ | ........ |
| *Pedestals*................*Rug*........ | ........ | ........ |
| | ........ | ........ |
| CASH EXPENDITURES. | ........ | ........ |
| *Door Dressing*........................ | ........ | ........ |
| ........*Palms*........................ | ........ | ........ |
| *Flowers*........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........*Porters and*........*Gloves*........ | ........ | ........ |
| *Funeral Notices*........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| *Clergyman*........................ | ........ | ........ |
| *Sexton*........................ | ........ | ........ |
| *Quartette, Soloist*........*Organist*........ | ........ | ........ |
| *Delivering Box to*........................ | ........ | ........ |
| *Opening Grave*........*Lining*........ | ........ | ........ |
| *Vault Charges*........................ | ........ | ........ |
| *Hearse*........................ | ........ | ........ |
| *Coaches*........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| *Telegrams*........*Telephone*........ | ........ | ........ |
| *Transportation Expenses*........................ | ........ | ........ |
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| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | | |
| *Amount of Bill*........................ | ........ | ........ |

*Date of Death*........................

*Place of Death*........................

*Place of Funeral*........................

*Clergyman*........................

*Date of Burial*........................

*Where Interred*........................

*Grave or Lot No*................*Section*................

*Location of Grave*........................

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*Age*........ *Years*........ *Months*........ *Days*........

*Color*................*Occupation*................

*Single, Married, Widow, Widower*........................

*Birthplace*........................

*Last place of residence*........................

*How long resident of this State*........................

*Husband's Name*........................

*Father's Name*........................

*Country of Birth*........................

*Mother's Name*........................

*Country of Birth*........................

*Physician*........................

*Cause of Death*........................

*Ordered by*........................

*Charge to*........................

*When rendered*........................

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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.....
*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ..... *Size*

*Metal Inner Casket* ..... *Copper* ..... *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* ..... *Handles* ..... *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ..... *Prs* ..... *Gloves*

..... *Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* ..... *Candelabra* ..... *Candles.*

*Pedestals* ..... *Rug*

CASH EXPENDITURES.

*Door Dressing*

..... *Palms*

*Flowers*

*Porters and* ..... *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ..... *Organist*

*Delivering Box to*

*Opening Grave* ..... *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ..... *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* ..... *Section*

*Location of Grave*

*Age* ..... *Years* ..... *Months* ..... *Days*

*Color* ..... *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* *Handles* *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* *Prs.* *Gloves*
*Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* *Candelabra* *Candles.*
*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*
*Palms*
*Flowers*

*Porters and* *Gloves*
*Funeral Notices*

*Clergyman*
*Sexton*
*Quartette, Soloist* *Organist*
*Delivering Box to*
*Opening Grave* *Lining*
*Vault Charges*
*Hearse*
*Coaches*

*Telegrams* *Telephone*
*Transportation Expenses*

*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* *Section*
*Location of Grave*

*Age* *Years* *Months* *Days*
*Color* *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No.*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No.*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No.*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs.*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles.*.....
*Pedestals*..... *Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
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..... *Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*..... *Telephone*.....
*Transporiation Expenses*.....
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***Amount of Bill***.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
***Single, Married, Widow, Widower***.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

188

Funeral of.....

Date of Funeral.....Hour.....M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | *Date of Death* |
| *Embalming* | | | *Place of Death* |
| *Shaving and Laying Out* | | | *Place of Funeral* |
| *Casket No.....Size* | | | *Clergyman* |
| | | | *Date of Burial* |
| *Metal Inner Casket.....Copper.....Zinc* | | | *Where Interred* |
| *Handles No.* | | | *Grave or Lot No.....Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings..... Handles..... Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age..... Years..... Months.....Days* |
| *Burial Robe* | | | *Color.....Occupation* |
| *Slippers.....Prs.....Gloves* | | | *Single, Married, Widow, Widower* |
| *.....Doz. Chairs* | | | *Birthplace* |
| *Personal Attandance and Assistants* | | | *Last place of residence* |
| *Drapery.....Candelabra.....Candles.* | | | *How long resident of this State* |
| *Pedestals..... Rug* | | | *Husband's Name* |
| | | | *Father's Name* |
| CASH EXPENDITURES. | | | *Country of Birth* |
| *Door Dressing* | | | *Mother's Name* |
| *.....Palms* | | | *Country of Birth* |
| *Flowers* | | | *Physician* |
| | | | *Cause of Death* |
| | | | |
| *.....Porters and.....Gloves* | | | *Ordered by* |
| *Funeral Notices* | | | *Charge to* |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| *Clergyman* | | | |
| *Sexton* | | | |
| *Quartette, Soloist.....Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave .....Lining* | | | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* | | | |
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| *Telegrams..... Telephone* | | | |
| *Transportation Expenses* | | | |
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| *Amount of Bill* | | | |

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

190

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

.....

.....

.....

.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

192

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral . Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....

*Embalming* .....

*Shaving and Laying Out* .....

*Casket No.* ..... *Size* .....

.....

*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....

*Handles No.* .....

*Outside Case, Pine, Chestnut, Oak, Mahogany* .....

*Lining and Pillow Set No.* .....

*Metal Lined Box* .....

*Mountings* ..... *Handles* ..... *Plate* .....

*Metal Vault, Style* .....

*Box Mattress* .....

*Burial Robe* .....

*Slippers* ..... *Prs.* ..... *Gloves* .....

..... *Doz. Chairs* .....

*Personal Attandance and Assistants* .....

*Drapery* ..... *Candelabra* ..... *Candles* .....

*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....

..... *Palms* .....

*Flowers* .....

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..... *Porters and* ..... *Gloves* .....

*Funeral Notices* .....

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*Clergyman* .....

*Sexton* .....

*Quartette, Soloist* ..... *Organist* .....

*Delivering Box to* .....

*Opening Grave* ..... *Lining* .....

*Vault Charges* .....

*Hearse* .....

*Coaches* .....

.....

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*Telegrams* ..... *Telephone* .....

*Transportation Expenses* .....

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*Amount of Bill* .....

*Date of Death* .....

*Place of Death* .....

*Place of Funeral* .....

*Clergyman* .....

*Date of Burial* .....

*Where Interred* .....

*Grave or Lot No.* ..... *Section* .....

*Location of Grave* .....

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*Age* ..... *Years* ..... *Months* ..... *Days* .....

*Color* ..... *Occupation* .....

*Single, Married, Widow, Widower* .....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State* .....

*Husband's Name* .....

*Father's Name* .....

*Country of Birth* .....

*Mother's Name* .....

*Country of Birth* .....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*.....
*Embalming* .....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*. .....
*Mountings*..... ...*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* .....*Prs*.....*Gloves*.....
.. .....*Doz. Chairs*.....
*Personal Attandance and Assistants* .....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*..... .....*Rug* .....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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..... ..*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave* .....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*..... *Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death* .....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*..... .....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave* .....
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*Age*..... .. *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace* ..... .....
*Last place of residence* ..... .....
*How long resident of this State*..... .....
*Husband's Name* .....
*Father's Name*..... .....
*Country of Birth* .....
*Mother's Name*.....
*Country of Birth*..... .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* ..... .....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

Removing Remains

Embalming

Shaving and Laying Out

Casket No. Size

Metal Inner Casket Copper Zinc

Handles No.

Outside Case, Pine, Chestnut, Oak, Mahogany

Lining and Pillow Set No.

Metal Lined Box

Mountings Handles Plate

Metal Vault, Style

Box Mattress

Burial Robe

Slippers Prs. Gloves

Doz. Chairs

Personal Attandance and Assistants

Drapery Candelabra Candles

Pedestals Rug

CASH EXPENDITURES.

Door Dressing

Palms

Flowers

Porters and Gloves

Funeral Notices

Clergyman

Sexton

Quartette, Soloist Organist

Delivering Box to

Opening Grave Lining

Vault Charges

Hearse

Coaches

Telegrams Telephone

Transportation Expenses

Amount of Bill

Date of Death

Place of Death

Place of Funeral

Clergyman

Date of Burial

Where Interred

Grave or Lot No. Section

Location of Grave

Age Years Months Days

Color Occupation

Single, Married, Widow, Widower

Birthplace

Last place of residence

How long resident of this State

Husband's Name

Father's Name

Country of Birth

Mother's Name

Country of Birth

Physician

Cause of Death

Ordered by

Charge to

When rendered

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box.*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box.* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral ________ Hour ________ M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ........ *Size*

*Metal Inner Casket* ........ *Copper* ........ *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* ........ *Handles* ........ *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ........ *Prs* ........ *Gloves*

........ *Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* ........ *Candelabra* ........ *Candles.*

*Pedestals* ........ *Rug*

Cash Expenditures.

*Door Dressing*

........ *Palms*

*Flowers*

........ *Porters and* ........ *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ........ *Organist*

*Delivering Box to*

*Opening Grave* ........ *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ........ *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No* ........ *Section*

*Location of Grave*

*Age* ........ *Years* ........ *Months* ........ *Days*

*Color* ........ *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

| | | |
|---|---|---|
| *Removing Remains* | | *Date of Death* |
| *Embalming* | | *Place of Death* |
| *Shaving and Laying Out* | | *Place of Funeral* |
| *Casket No.* *Size* | | *Clergyman* |
| | | *Date of Burial* |
| *Metal Inner Casket* *Copper* *Zinc* | | *Where Interred* |
| *Handles No.* | | *Grave or Lot No* *Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | *Location of Grave* |
| *Lining and Pillow Set No.* | | |
| *Metal Lined Box* | | |
| *Mountings* *Handles* *Plate* | | |
| *Metal Vault, Style* | | |
| *Box Mattress* | | *Age* *Years* *Months* *Days* |
| *Burial Robe* | | *Color* *Occupation* |
| *Slippers* *Prs* *Gloves* | | *Single, Married, Widow, Widower* |
| *Doz. Chairs* | | *Birthplace* |
| *Personal Attandance and Assistants* | | *Last place of residence* |
| *Drapery* *Candelabra* *Candles.* | | *How long resident of this State* |
| *Pedestals* *Rug* | | *Husband's Name* |
| | | *Father's Name* |
| CASH EXPENDITURES. | | *Country of Birth* |
| *Door Dressing* | | *Mother's Name* |
| *Palms* | | *Country of Birth* |
| *Flowers* | | *Physician* |
| | | *Cause of Death* |
| | | |
| *Porters and* *Gloves* | | *Ordered by* |
| *Funeral Notices* | | *Charge to* |
| | | *When rendered* |
| | | RECEIVED ON ACCOUNT. |
| | | |
| *Clergyman* | | |
| *Sexton* | | |
| *Quartette, Soloist* *Organist* | | |
| *Delivering Box to* | | |
| *Opening Grave* *Lining* | | |
| *Vault Charges* | | |
| *Hearse* | | |
| *Coaches* | | |
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| *Telegrams* *Telephone* | | |
| *Transportation Expenses* | | |
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| | | |
| *Amount of Bill* | | |

Funeral of ..................................................

Date of Funeral ______________________ Hour .................. M.

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|---|---|---|
| *Removing Remains* .................... | ......... | ......... |
| *Embalming* .................... | ......... | ......... |
| *Shaving and Laying Out* .................... | ......... | ......... |
| *Casket No* ............ *Size* ............ | ......... | ......... |
| .................... | ......... | ......... |
| *Metal Inner Casket* ........ *Copper* ........ *Zinc* ........ | ......... | ......... |
| *Handles No* .................... | ......... | ......... |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* .......... | ......... | ......... |
| *Lining and Pillow Set No* .................... | ......... | ......... |
| *Metal Lined Box* .................... | ......... | ......... |
| *Mountings* ........ *Handles* ........ *Plate* ........ | ......... | ......... |
| *Metal Vault, Style* .................... | ......... | ......... |
| *Box Mattress* .................... | ......... | ......... |
| *Burial Robe* .................... | ......... | ......... |
| *Slippers* ........ *Prs* ........ *Gloves* ........ | ......... | ......... |
| ............ *Doz. Chairs* ............ | ......... | ......... |
| *Personal Attandance and Assistants* .......... | ......... | ......... |
| *Drapery* ........ *Candelabra* ........ *Candles* ........ | ......... | ......... |
| *Pedestals* ............ *Rug* ............ | ......... | ......... |
| | ......... | ......... |
| CASH EXPENDITURES. | ......... | ......... |
| *Door Dressing* .................... | ......... | ......... |
| ............ *Palms* ............ | ......... | ......... |
| *Flowers* .................... | ......... | ......... |
| .................... | ......... | ......... |
| .................... | ......... | ......... |
| ........ *Porters and* ........ *Gloves* ........ | ......... | ......... |
| *Funeral Notices* .................... | ......... | ......... |
| .................... | ......... | ......... |
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| .................... | ......... | ......... |
| *Clergyman* .................... | ......... | ......... |
| *Sexton* .................... | ......... | ......... |
| *Quartette, Soloist* ............ *Organist* ............ | ......... | ......... |
| *Delivering Box to* .................... | ......... | ......... |
| *Opening Grave* ............ *Lining* ............ | ......... | ......... |
| *Vault Charges* .................... | ......... | ......... |
| *Hearse* .................... | ......... | ......... |
| *Coaches* .................... | ......... | ......... |
| .................... | ......... | ......... |
| .................... | ......... | ......... |
| *Telegrams* ............ *Telephone* ............ | ......... | ......... |
| *Transportation Expenses* .................... | ......... | ......... |
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| .................... | ......... | ......... |
| .................... | ......... | ......... |
| *Amount of Bill* .................... | ......... | |

*Date of Death* ....................

*Place of Death* ....................

*Place of Funeral* ....................

*Clergyman* ....................

*Date of Burial* ....................

*Where Interred* ....................

*Grave or Lot No* ............ *Section* ............

*Location of Grave* ....................

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*Age* ........ *Years* ........ *Months* ........ *Days* ........

*Color* ............ *Occupation* ............

*Single, Married, Widow, Widower* ....................

*Birthplace* ....................

*Last place of residence* ....................

*How long resident of this State* ....................

*Husband's Name* ....................

*Father's Name* ....................

*Country of Birth* ....................

*Mother's Name* ....................

*Country of Birth* ....................

*Physician* ....................

*Cause of Death* ....................

*Ordered by* ....................

*Charge to* ....................

*When rendered* ....................

RECEIVED ON ACCOUNT.

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Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains*.....

*Embalming* .....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe* .....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants* .....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave* .....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death* .....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave* .....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State*.....

*Husband's Name* .....

*Father's Name*.....

*Country of Birth* .....

*Mother's Name*.....

*Country of Birth*.....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* ..... *Date of Death* .....

*Embalming* ..... *Place of Death* .....

*Shaving and Laying Out* ..... *Place of Funeral* .....

*Casket No.* ..... *Size* ..... *Clergyman* .....

..... *Date of Burial* .....

*Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... *Where Interred* .....

*Handles No.* ..... *Grave or Lot No.* ..... *Section* .....

*Outside Case, Pine, Chestnut, Oak, Mahogany* ..... *Location of Grave* .....

*Lining and Pillow Set No.* .....

*Metal Lined Box* .....

*Mountings* ..... *Handles* ..... *Plate* .....

*Metal Vault, Style* .....

*Box Mattress* ..... *Age* ..... *Years* ..... *Months* ..... *Days* .....

*Burial Robe* ..... *Color* ..... *Occupation* .....

*Slippers* ..... *Prs.* ..... *Gloves* ..... *Single, Married, Widow, Widower* .....

..... *Doz. Chairs* ..... *Birthplace* .....

*Personal Attandance and Assistants* ..... *Last place of residence* .....

*Drapery* ..... *Candelabra* ..... *Candles* ..... *How long resident of this State* .....

*Pedestals* ..... *Rug* ..... *Husband's Name* .....

*Father's Name* .....

CASH EXPENDITURES.

*Country of Birth* .....

*Door Dressing* ..... *Mother's Name* .....

..... *Palms* ..... *Country of Birth* .....

*Flowers* ..... *Physician* .....

..... *Cause of Death* .....

.....

..... *Porters and* ..... *Gloves* ..... *Ordered by* .....

*Funeral Notices* ..... *Charge to* .....

..... *When rendered* .....

RECEIVED ON ACCOUNT.

*Clergyman* .....

*Sexton* .....

*Quartette, Soloist* ..... *Organist* .....

*Delivering Box to* .....

*Opening Grave* ..... *Lining* .....

*Vault Charges* .....

*Hearse* .....

*Coaches* .....

*Telegrams* ..... *Telephone* .....

*Transportation Expenses* .....

*Amount of Bill* .....

206

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
.....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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***Amount of Bill*** .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

214

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

.....

.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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.....

*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transporiation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*.....
*Embalming* .....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe* .....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants* .....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
..... *Porters and*.....*Gloves*.....
*Funeral Notices*.....
.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave* .....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*..... *Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death* .....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave* .....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State*.....
*Husband's Name* .....
*Father's Name*.....
*Country of Birth* .....
*Mother's Name*.....
*Country of Birth*..... .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered*.....

RECEIVED ON ACCOUNT.

216

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No.*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No.*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No.*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs.*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles.*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transporiation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No.*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

218

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral ... Hour ... M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ... *Size*

*Metal Inner Casket* ... *Copper* ... *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* ... *Handles* ... *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ... *Prs.* ... *Gloves*

... *Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* ... *Candelabra* ... *Candlcs.*

*Pedestals* ... *Rug*

CASH EXPENDITURES.

*Door Dressing*

... *Palms*

*Flowers*

... *Porters and* ... *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ... *Organist*

*Delivering Box to*

*Opening Grave* ... *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ... *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* ... *Section*

*Location of Grave*

*Age* ... *Years* ... *Months* ... *Days*

*Color* ... *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | *Date of Death* |
| *Embalming* | | | *Place of Death* |
| *Shaving and Laying Out* | | | *Place of Funeral* |
| *Casket No.* ... *Size* | | | *Clergyman* |
| | | | *Date of Burial* |
| *Metal Inner Casket* ... *Copper* ... *Zinc* | | | *Where Interred* |
| *Handles No.* | | | *Grave or Lot No.* ... *Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings* ... *Handles* ... *Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age* ... *Years* ... *Months* ... *Days* |
| *Burial Robe* | | | *Color* ... *Occupation* |
| *Slippers* ... *Prs.* ... *Gloves* | | | *Single, Married, Widow, Widower* |
| ... *Doz. Chairs* | | | *Birthplace* |
| *Personal Attandance and Assistants* | | | *Last place of residence* |
| *Drapery* ... *Candelabra* ... *Candles* | | | *How long resident of this State* |
| *Pedestals* ... *Rug* | | | *Husband's Name* |
| | | | *Father's Name* |
| CASH EXPENDITURES. | | | *Country of Birth* |
| *Door Dressing* | | | *Mother's Name* |
| ... *Palms* | | | *Country of Birth* |
| *Flowers* | | | *Physician* |
| | | | *Cause of Death* |
| | | | |
| ... *Porters and* ... *Gloves* | | | *Ordered by* |
| *Funeral Notices* | | | *Charge to* |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| | | | |
| *Clergyman* | | | |
| *Sexton* | | | |
| *Quartette, Soloist* ... *Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave* ... *Lining* | | | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* | | | |
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| *Telegrams* ... *Telephone* | | | |
| *Transportation Expenses* | | | |
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| *Amount of Bill* | | | |

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

224

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box.* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of ........................................

Date of Funeral ________________ Hour ........ M.

*Removing Remains* ........

*Embalming* ........

*Shaving and Laying Out* ........

*Casket No*. ........ *Size* ........

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*Metal Inner Casket* ........ *Copper* ........ *Zinc* ........

*Handles No*. ........

*Outside Case, Pine, Chestnut, Oak, Mahogany* ........

*Lining and Pillow Set No*. ........

*Metal Lined Box* ........

*Mountings* ........ *Handles* ........ *Plate* ........

*Metal Vault, Style* ........

*Box Mattress* ........

*Burial Robe* ........

*Slippers* ........ *Prs* ........ *Gloves* ........

........ *Doz. Chairs* ........

*Personal Attandance and Assistants* ........

*Drapery* ........ *Candelabra* ........ *Candles* ........

*Pedestals* ........ *Rug* ........

CASH EXPENDITURES.

*Door Dressing* ........

........ *Palms* ........

*Flowers* ........

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........ *Porters and* ........ *Gloves* ........

*Funeral Notices* ........

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*Clergyman* ........

*Sexton* ........

*Quartette, Soloist* ........ *Organist* ........

*Delivering Box to* ........

*Opening Grave* ........ *Lining* ........

*Vault Charges* ........

*Hearse* ........

*Coaches* ........

........

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*Telegrams* ........ *Telephone* ........

*Transportation Expenses* ........

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*Amount of Bill* ........

*Date of Death* ........

*Place of Death* ........

*Place of Funeral* ........

*Clergyman* ........

*Date of Burial* ........

*Where Interred* ........

*Grave or Lot No* ........ *Section* ........

*Location of Grave* ........

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*Age* ........ *Years* ........ *Months* ........ *Days* ........

*Color* ........ *Occupation* ........

*Single, Married, Widow, Widower* ........

*Birthplace* ........

*Last place of residence* ........

*How long resident of this State* ........

*Husband's Name* ........

*Father's Name* ........

*Country of Birth* ........

*Mother's Name* ........

*Country of Birth* ........

*Physician* ........

*Cause of Death* ........

*Ordered by* ........

*Charge to* ........

*When rendered* ........

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains*.....

*Embalming* .....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress* .....

*Burial Robe* .....

*Slippers* .....*Prs.* .....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants* .....

*Drapery*.....*Candelabra*..... .....*Candles*.....

*Pedestals*..... .....*Rug* .....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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..... *Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave* .....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death* .....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave* .....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State*.....

*Husband's Name* .....

*Father's Name*.....

*Country of Birth* .....

*Mother's Name*.....

*Country of Birth*.....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*..... *Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

230

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* ..... *Size*
*Metal Inner Casket* ..... *Copper* ..... *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* ..... *Handles* ..... *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* ..... *Prs.* ..... *Gloves*
..... *Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* ..... *Candelabra* ..... *Candles.*
*Pedestals* ..... *Rug*

CASH EXPENDITURES.

*Door Dressing*
..... *Palms*
*Flowers*
*Porters and* ..... *Gloves*
*Funeral Notices*
*Clergyman*
*Sexton*
*Quartette, Soloist* ..... *Organist*
*Delivering Box to*
*Opening Grave* ..... *Lining*
*Vault Charges*
*Hearse*
*Coaches*
*Telegrams* ..... *Telephone*
*Transportation Expenses*
***Amount of Bill***

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* ..... *Section*
*Location of Grave*

*Age* ..... *Years* ..... *Months* ..... *Days*
*Color* ..... *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*.....

*Embalming* .....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe* .....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants* .....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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..... *Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave* .....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death* .....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*..... .....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave* .....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace* ..... .....

*Last place of residence* .....

*How long resident of this State*.....

*Husband's Name* .....

*Father's Name*.....

*Country of Birth* .....

*Mother's Name*.....

*Country of Birth*..... .....

*Physician* .....

*Cause of Death* .....

*Ordered by* .....

*Charge to* .....

*When rendered*.....

RECEIVED ON ACCOUNT.

232

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ..... *Size*

*Metal Inner Casket* ..... *Copper* ..... *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* ..... *Handles* ..... *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ..... *Prs.* ..... *Gloves*

..... *Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* ..... *Candelabra* ..... *Candles.*

*Pedestals* ..... *Rug*

CASH EXPENDITURES.

*Door Dressing*

..... *Palms*

*Flowers*

*Porters and* ..... *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ..... *Organist*

*Delivering Box to*

*Opening Grave* ..... *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ..... *Telephone*

*Transporiation Expenses*

***Amount of Bill***

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* ..... *Section*

*Location of Grave*

*Age* ..... *Years* ..... *Months* ..... *Days*

*Color* ..... *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

234

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

| | | |
|---|---|---|
| *Removing Remains* | | *Date of Death* |
| *Embalming* | | *Place of Death* |
| *Shaving and Laying Out* | | *Place of Funeral* |
| *Casket No. Size* | | *Clergyman* |
| | | *Date of Burial* |
| *Metal Inner Casket Copper Zinc* | | *Where Interred* |
| *Handles No.* | | *Grave or Lot No. Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | *Location of Grave* |
| *Lining and Pillow Set No.* | | |
| *Metal Lined Box* | | |
| *Mountings Handles Plate* | | |
| *Metal Vault, Style* | | |
| *Box Mattress* | | *Age Years Months Days* |
| *Burial Robe* | | *Color Occupation* |
| *Slippers Prs. Gloves* | | *Single, Married, Widow, Widower* |
| *Doz. Chairs* | | *Birthplace* |
| *Personal Attandance and Assistants* | | *Last place of residence* |
| *Drapery Candelabra Candles.* | | *How long resident of this State* |
| *Pedestals Rug* | | *Husband's Name* |
| | | *Father's Name* |
| CASH EXPENDITURES. | | *Country of Birth* |
| *Door Dressing* | | *Mother's Name* |
| *Palms* | | *Country of Birth* |
| *Flowers* | | *Physician* |
| | | *Cause of Death* |
| | | |
| *Porters and Gloves* | | *Ordered by* |
| *Funeral Notices* | | *Charge to* |
| | | *When rendered* |
| | | RECEIVED ON ACCOUNT. |
| | | |
| *Clergyman* | | |
| *Sexton* | | |
| *Quartette, Soloist Organist* | | |
| *Delivering Box to* | | |
| *Opening Grave Lining* | | |
| *Vault Charges* | | |
| *Hearse* | | |
| *Coaches* | | |
| | | |
| | | |
| *Telegrams Telephone* | | |
| *Transportation Expenses* | | |
| | | |
| | | |
| | | |
| | | |
| *Amount of Bill* | | |

2:36;

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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***Amount of Bill*** .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

.....

.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

.....

.....

.....

.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transporiation Expenses*.....
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***Amount of Bill***.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

240

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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.....
*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
.....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral ______ Hour ______ M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* ...... *Size*

*Metal Inner Casket* ...... *Copper* ...... *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* ...... *Handles* ...... *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* ...... *Prs.* ...... *Gloves*

...... *Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* ...... *Candelabra* ...... *Candles*

*Pedestals* ...... *Rug*

CASH EXPENDITURES.

*Door Dressing*

...... *Palms*

*Flowers*

...... *Porters and* ...... *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* ...... *Organist*

*Delivering Box to*

*Opening Grave* ...... *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* ...... *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* ...... *Section*

*Location of Grave*

*Age* ...... *Years* ...... *Months* ...... *Days*

*Color* ...... *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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.....
*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....

*Embalming* .....

*Shaving and Laying Out* .....

*Casket No.* ..... *Size* .....

.....

*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....

*Handles No.* .....

*Outside Case, Pine, Chestnut, Oak, Mahogany* .....

*Lining and Pillow Set No.* .....

*Metal Lined Box* .....

*Mountings* ..... *Handles* ..... *Plate* .....

*Metal Vault, Style* .....

*Box Mattress* .....

*Burial Robe* .....

*Slippers* ..... *Prs.* ..... *Gloves* .....

..... *Doz. Chairs* .....

*Personal Attandance and Assistants* .....

*Drapery* ..... *Candelabra* ..... *Candles* .....

*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....

..... *Palms* .....

*Flowers* .....

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..... *Porters and* ..... *Gloves* .....

*Funeral Notices* .....

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*Clergyman* .....

*Sexton* .....

*Quartette, Soloist* ..... *Organist* .....

*Delivering Box to* .....

*Opening Grave* ..... *Lining* .....

*Vault Charges* .....

*Hearse* .....

*Coaches* .....

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*Telegrams* ..... *Telephone* .....

*Transportation Expenses* .....

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*Amount of Bill* .....

*Date of Death* .....

*Place of Death* .....

*Place of Funeral* .....

*Clergyman* .....

*Date of Burial* .....

*Where Interred* .....

*Grave or Lot No.* ..... *Section* .....

*Location of Grave* .....

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*Age* ..... *Years* ..... *Months* ..... *Days* .....

*Color* ..... *Occupation* .....

*Single, Married, Widow, Widower* .....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State* .....

*Husband's Name* .....

*Father's Name* .....

*Country of Birth* .....

*Mother's Name* .....

*Country of Birth* .....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered* .....

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RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

---

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

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*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

250

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* ..... *Embalming* ..... *Shaving and Laying Out* ..... *Casket No.* ..... *Size* ..... ..... *Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... *Handles No.* ..... *Outside Case, Pine, Chestnut, Oak, Mahogany* ..... *Lining and Pillow Set No.* ..... *Metal Lined Box* ..... *Mountings* ..... *Handles* ..... *Plate* ..... *Metal Vault, Style* ..... *Box Mattress* ..... *Burial Robe* ..... *Slippers* ..... *Prs.* ..... *Gloves* ..... ..... *Doz. Chairs* ..... *Personal Attandance and Assistants* ..... *Drapery* ..... *Candelabra* ..... *Candles* ..... *Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* ..... ..... *Palms* ..... *Flowers* ..... ..... ..... ..... *Porters and* ..... *Gloves* ..... *Funeral Notices* ..... ..... ..... ..... *Clergyman* ..... *Sexton* ..... *Quartette, Soloist* ..... *Organist* ..... *Delivering Box to* ..... *Opening Grave* ..... *Lining* ..... *Vault Charges* ..... *Hearse* ..... *Coaches* ..... ..... ..... *Telegrams* ..... *Telephone* ..... *Transportation Expenses* ..... ..... ..... ..... ..... *Amount of Bill* .....

*Date of Death* .....

*Place of Death* .....

*Place of Funeral* .....

*Clergyman* .....

*Date of Burial* .....

*Where Interred* .....

*Grave or Lot No.* ..... *Section* .....

*Location of Grave* .....

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*Age* ..... *Years* ..... *Months* ..... *Days* .....

*Color* ..... *Occupation* .....

*Single, Married, Widow, Widower* .....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State* .....

*Husband's Name* .....

*Father's Name* .....

*Country of Birth* .....

*Mother's Name* .....

*Country of Birth* .....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

252

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
.....
.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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***Amount of Bill***.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
.....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transporiation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
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*Telegrams*..... *Telephone*.....
*Transportation Expenses*.....
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.....
.....
*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* ..... *Size*
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* ..... *Handles* ..... *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* ..... *Prs.* ..... *Gloves*
..... *Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* ..... *Candelabra* ..... *Candles.*
*Pedestals* ..... *Rug*

CASH EXPENDITURES.

*Door Dressing*
..... *Palms*
*Flowers*
.....
.....
..... *Porters and* ..... *Gloves*
*Funeral Notices*
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.....
*Clergyman*
*Sexton*
*Quartette, Soloist* ..... *Organist*
*Delivering Box to*
*Opening Grave* ..... *Lining*
*Vault Charges*
*Hearse*
*Coaches*
.....
.....
*Telegrams* ..... *Telephone*
*Transportation Expenses*
.....
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.....
*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* ..... *Section*
*Location of Grave*
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*Age* ..... *Years* ..... *Months* ..... *Days*
*Color* ..... *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

| | | |
|---|---|---|
| *Removing Remains* | | |
| *Embalming* | | |
| *Shaving and Laying Out* | | |
| *Casket No. Size* | | |
| | | |
| *Metal Inner Casket Copper Zinc* | | |
| *Handles No.* | | |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | |
| *Lining and Pillow Set No.* | | |
| *Metal Lined Box* | | |
| *Mountings Handles Plate* | | |
| *Metal Vault, Style* | | |
| *Box Mattress* | | |
| *Burial Robe* | | |
| *Slippers Prs. Gloves* | | |
| *Doz. Chairs* | | |
| *Personal Attandance and Assistants* | | |
| *Drapery Candelabra Candles.* | | |
| *Pedestals Rug* | | |

Cash Expenditures.

| | | |
|---|---|---|
| *Door Dressing* | | |
| *Palms* | | |
| *Flowers* | | |
| | | |
| | | |
| *Porters and Gloves* | | |
| *Funeral Notices* | | |
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| | | |
| *Clergyman* | | |
| *Sexton* | | |
| *Quartette, Soloist Organist* | | |
| *Delivering Box to* | | |
| *Opening Grave Lining* | | |
| *Vault Charges* | | |
| *Hearse* | | |
| *Coaches* | | |
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| *Telegrams Telephone* | | |
| *Transportation Expenses* | | |
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*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No. Section*

*Location of Grave*

*Age Years Months Days*

*Color Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

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Funeral of.....

Date of Funeral..... Hour..... M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*..... *Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
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..... *Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
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*Telegrams*..... *Telephone*.....
*Transporiation Expenses*.....
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.....
*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*..... .....
*Where Interred*.....
*Grave or Lot No*.....*Section*..... .....
*Location of Grave*.....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*..... .....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of

Date of Funeral Hour M.

| | | | |
|---|---|---|---|
| *Removing Remains* | | | *Date of Death* |
| *Embalming* | | | *Place of Death* |
| *Shaving and Laying Out* | | | *Place of Funeral* |
| *Casket No.* *Size* | | | *Clergyman* |
| | | | *Date of Burial* |
| *Metal Inner Casket* *Copper* *Zinc* | | | *Where Interred* |
| *Handles No.* | | | *Grave or Lot No.* *Section* |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | | | *Location of Grave* |
| *Lining and Pillow Set No.* | | | |
| *Metal Lined Box* | | | |
| *Mountings* *Handles* *Plate* | | | |
| *Metal Vault, Style* | | | |
| *Box Mattress* | | | *Age* *Years* *Months* *Days* |
| *Burial Robe* | | | *Color* *Occupation* |
| *Slippers* *Prs.* *Gloves* | | | *Single, Married, Widow, Widower* |
| *Doz. Chairs* | | | *Birthplace* |
| *Personal Attandance and Assistants* | | | *Last place of residence* |
| *Drapery* *Candelabra* *Candles* | | | *How long resident of this State* |
| *Pedestals* *Rug* | | | *Husband's Name* |
| | | | *Father's Name* |
| CASH EXPENDITURES. | | | *Country of Birth* |
| *Door Dressing* | | | *Mother's Name* |
| *Palms* | | | *Country of Birth* |
| *Flowers* | | | *Physician* |
| | | | *Cause of Death* |
| | | | |
| *Porters and* *Gloves* | | | *Ordered by* |
| *Funeral Notices* | | | *Charge to* |
| | | | *When rendered* |
| | | | RECEIVED ON ACCOUNT. |
| | | | |
| *Clergyman* | | | |
| *Sexton* | | | |
| *Quartette, Soloist* *Organist* | | | |
| *Delivering Box to* | | | |
| *Opening Grave* *Lining* | | | |
| *Vault Charges* | | | |
| *Hearse* | | | |
| *Coaches* | | | |
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| *Telegrams* *Telephone* | | | |
| *Transportation Expenses* | | | |
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| *Amount of Bill* | | | |

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* ..... *Embalming* ..... *Shaving and Laying Out* ..... *Casket No.* ..... *Size* ..... ..... *Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... *Handles No.* ..... *Outside Case, Pine, Chestnut, Oak, Mahogany* ..... *Lining and Pillow Set No.* ..... *Metal Lined Box* ..... *Mountings* ..... *Handles* ..... *Plate* ..... *Metal Vault, Style* ..... *Box Mattress* ..... *Burial Robe* ..... *Slippers* ..... *Prs.* ..... *Gloves* ..... ..... *Doz. Chairs* ..... *Personal Attandance and Assistants* ..... *Drapery* ..... *Candelabra* ..... *Candles* ..... *Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* ..... ..... *Palms* ..... *Flowers* ..... ..... ..... *Porters and* ..... *Gloves* ..... *Funeral Notices* ..... ..... ..... ..... *Clergyman* ..... *Sexton* ..... *Quartette, Soloist* ..... *Organist* ..... *Delivering Box to* ..... *Opening Grave* ..... *Lining* ..... *Vault Charges* ..... *Hearse* ..... *Coaches* ..... ..... ..... *Telegrams* ..... *Telephone* ..... *Transportation Expenses* ..... ..... ..... ..... ..... *Amount of Bill* .....

*Date of Death* .....

*Place of Death* .....

*Place of Funeral* .....

*Clergyman* .....

*Date of Burial* .....

*Where Interred* .....

*Grave or Lot No.* ..... *Section* .....

*Location of Grave* .....



*Age* ..... *Years* ..... *Months* ..... *Days* .....

*Color* ..... *Occupation* .....

*Single, Married, Widow, Widower* .....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State* .....

*Husband's Name* .....

*Father's Name* .....

*Country of Birth* .....

*Mother's Name* .....

*Country of Birth* .....

*Physician* .....

*Cause of Death* .....

*Ordered by* .....

*Charge to* .....

*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* *Handles* *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* *Prs.* *Gloves*
*Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* *Candelabra* *Candles*
*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*
*Palms*
*Flowers*

*Porters and* *Gloves*
*Funeral Notices*

*Clergyman*
*Sexton*
*Quartette, Soloist* *Organist*
*Delivering Box to*
*Opening Grave* *Lining*
*Vault Charges*
*Hearse*
*Coaches*

*Telegrams* *Telephone*
*Transportation Expenses*

*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* *Section*
*Location of Grave*

*Age* *Years* *Months* *Days*
*Color* *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of ........................................

Date of Funeral ____________________ Hour ............ M.

| | | |
|---|---|---|
| *Removing Remains* ........................ | ........ | ........ |
| *Embalming* ........................ | ........ | ........ |
| *Shaving and Laying Out* ........................ | ........ | ........ |
| *Casket No.* ............ *Size* ............ | ........ | ........ |
| ........................ | ........ | ........ |
| *Metal Inner Casket* ........ *Copper* ........ *Zinc* ........ | ........ | ........ |
| *Handles No.* ........................ | ........ | ........ |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* ........ | ........ | ........ |
| *Lining and Pillow Set No.* ........................ | ........ | ........ |
| *Metal Lined Box* ........................ | ........ | ........ |
| *Mountings* ........ *Handles* ........ *Plate* ........ | ........ | ........ |
| *Metal Vault, Style* ........................ | ........ | ........ |
| *Box Mattress* ........................ | ........ | ........ |
| *Burial Robe* ........................ | ........ | ........ |
| *Slippers* ........ *Prs* ........ *Gloves* ........ | ........ | ........ |
| ........ *Doz. Chairs* ........ | ........ | ........ |
| *Personal Attandance and Assistants* ........ | ........ | ........ |
| *Drapery* ........ *Candelabra* ........ *Candles* ........ | ........ | ........ |
| *Pedestals* ........ *Rug* ........ | ........ | ........ |
| | ........ | ........ |
| CASH EXPENDITURES. | ........ | ........ |
| *Door Dressing* ........................ | ........ | ........ |
| ........ *Palms* ........ | ........ | ........ |
| *Flowers* ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........ *Porters and* ........ *Gloves* ........ | ........ | ........ |
| *Funeral Notices* ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| *Clergyman* ........................ | ........ | ........ |
| *Sexton* ........................ | ........ | ........ |
| *Quartette, Soloist* ........ *Organist* ........ | ........ | ........ |
| *Delivering Box to* ........................ | ........ | ........ |
| *Opening Grave* ........ *Lining* ........ | ........ | ........ |
| *Vault Charges* ........................ | ........ | ........ |
| *Hearse* ........................ | ........ | ........ |
| *Coaches* ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| ........................ | ........ | ........ |
| *Telegrams* ........ *Telephone* ........ | ........ | ........ |
| *Transportation Expenses* ........................ | ........ | ........ |
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| ........................ | ........ | ........ |
| ........................ | | |
| *Amount of Bill* ........................ | ........ | ........ |

*Date of Death* ........................

*Place of Death* ........................

*Place of Funeral* ........................

*Clergyman* ........................

*Date of Burial* ........................

*Where Interred* ........................

*Grave or Lot No* ........ *Section* ........

*Location of Grave* ........................

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*Age* ........ *Years* ........ *Months* ........ *Days* ........

*Color* ........ *Occupation* ........

*Single, Married, Widow, Widower* ........................

*Birthplace* ........................

*Last place of residence* ........................

*How long resident of this State* ........................

*Husband's Name* ........................

*Father's Name* ........................

*Country of Birth* ........................

*Mother's Name* ........................

*Country of Birth* ........................

*Physician* ........................

*Cause of Death* ........................

*Ordered by* ........................

*Charge to* ........................

*When rendered* ........................

RECEIVED ON ACCOUNT.

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| ........ | ........ | ........................ | ........ | ........ |

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

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*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

.....

.....

.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

.....

.....

.....

.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* ..... *Embalming* ..... *Shaving and Laying Out* ..... *Casket No.* ..... *Size* ..... ..... *Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... *Handles No.* ..... *Outside Case, Pine, Chestnut, Oak, Mahogany* ..... *Lining and Pillow Set No.* ..... *Metal Lined Box.* ..... *Mountings* ..... *Handles* ..... *Plate* ..... *Metal Vault, Style* ..... *Box Mattress* ..... *Burial Robe* ..... *Slippers* ..... *Prs.* ..... *Gloves* ..... ..... *Doz. Chairs* ..... *Personal Attandance and Assistants* ..... *Drapery* ..... *Candelabra* ..... *Candles.* ..... *Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* ..... ..... *Palms* ..... *Flowers* ..... ..... ..... *Porters and* ..... *Gloves* ..... *Funeral Notices* ..... ..... ..... *Clergyman* ..... *Sexton* ..... *Quartette, Soloist* ..... *Organist* ..... *Delivering Box to* ..... *Opening Grave* ..... *Lining* ..... *Vault Charges* ..... *Hearse* ..... *Coaches* ..... ..... ..... *Telegrams* ..... *Telephone* ..... *Transportation Expenses* ..... ..... ..... ..... ..... *Amount of Bill* .....

*Date of Death* .....

*Place of Death* .....

*Place of Funeral* .....

*Clergyman* .....

*Date of Burial* .....

*Where Interred* .....

*Grave or Lot No.* ..... *Section* .....

*Location of Grave* .....

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*Age* ..... *Years* ..... *Months* ..... *Days* .....

*Color* ..... *Occupation* .....

*Single, Married, Widow, Widower* .....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State* .....

*Husband's Name* .....

*Father's Name* .....

*Country of Birth* .....

*Mother's Name* .....

*Country of Birth* .....

*Physician* .....

*Cause of Death* .....

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*Ordered by* .....

*Charge to* .....

*When rendered* .....

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RECEIVED ON ACCOUNT.

Funeral of ........................................

Date of Funeral ______________________ Hour ............ M.

| | | |
|---|---|---|
| *Removing Remains* .......... | .......... | .......... |
| *Embalming* .......... | .......... | .......... |
| *Shaving and Laying Out* .......... | .......... | .......... |
| *Casket No.* .......... *Size* .......... | .......... | .......... |
| .......... | .......... | .......... |
| *Metal Inner Casket* .......... *Copper* .......... *Zinc* .......... | .......... | .......... |
| *Handles No.* .......... | .......... | .......... |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* .......... | .......... | .......... |
| *Lining and Pillow Set No.* .......... | .......... | .......... |
| *Metal Lined Box* .......... | .......... | .......... |
| *Mountings* .......... *Handles* .......... *Plate* .......... | .......... | .......... |
| *Metal Vault, Style* .......... | .......... | .......... |
| *Box Mattress* .......... | .......... | .......... |
| *Burial Robe* .......... | .......... | .......... |
| *Slippers* .......... *Prs.* .......... *Gloves* .......... | .......... | .......... |
| .......... *Doz. Chairs* .......... | .......... | .......... |
| *Personal Attandance and Assistants* .......... | .......... | .......... |
| *Drapery* .......... *Candelabra* .......... *Candles* .......... | .......... | .......... |
| *Pedestals* .......... *Rug* .......... | .......... | .......... |
| | .......... | .......... |
| CASH EXPENDITURES. | .......... | .......... |
| *Door Dressing* .......... | .......... | .......... |
| .......... *Palms* .......... | .......... | .......... |
| *Flowers* .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... *Porters and* .......... *Gloves* .......... | .......... | .......... |
| *Funeral Notices* .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... | .......... | .......... |
| *Clergyman* .......... | .......... | .......... |
| *Sexton* .......... | .......... | .......... |
| *Quartette, Soloist* .......... *Organist* .......... | .......... | .......... |
| *Delivering Box to* .......... | .......... | .......... |
| *Opening Grave* .......... *Lining* .......... | .......... | .......... |
| *Vault Charges* .......... | .......... | .......... |
| *Hearse* .......... | .......... | .......... |
| *Coaches* .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... | .......... | .......... |
| *Telegrams* .......... *Telephone* .......... | .......... | .......... |
| *Transportation Expenses* .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... | .......... | .......... |
| .......... | | |
| *Amount of Bill* .......... | .......... | .......... |

*Date of Death* ..........

*Place of Death* ..........

*Place of Funeral* ..........

*Clergyman* ..........

*Date of Burial* ..........

*Where Interred* ..........

*Grave or Lot No.* .......... *Section* ..........

*Location of Grave* ..........

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..........

..........

*Age* .......... *Years* .......... *Months* .......... *Days* ..........

*Color* .......... *Occupation* ..........

*Single, Married, Widow, Widower* ..........

*Birthplace* ..........

*Last place of residence* ..........

*How long resident of this State* ..........

*Husband's Name* ..........

*Father's Name* ..........

*Country of Birth* ..........

*Mother's Name* ..........

*Country of Birth* ..........

*Physician* ..........

*Cause of Death* ..........

*Ordered by* ..........

*Charge to* ..........

*When rendered* ..........

RECEIVED ON ACCOUNT.

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|---|---|---|---|---|
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | .......... | .......... |
| .......... | .......... | .......... | | |
| .......... | .......... | .......... | .......... | .......... |

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
.....
*Telegrams*..... *Telephone*.....
*Transportation Expenses*.....
.....
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.....
*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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.....
*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No.* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral..... Hour..... M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
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*Telegrams*.....*Telephone*.....
*Transporiation Expenses*.....
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.....
*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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.....
*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
.....
.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
.....
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.....
*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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.....
*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of ................................................................

Date of Funeral ________________________ Hour ____________ M.

| | | | |
|---|---|---|---|
| *Removing Remains* | ...... | ...... | *Date of Death* ................ |
| *Embalming* | ...... | ...... | *Place of Death* ................ |
| *Shaving and Laying Out* | ...... | ...... | *Place of Funeral* ................ |
| *Casket No.* ........ *Size* ........ | ...... | ...... | *Clergyman* ................ |
| ................ | ...... | ...... | *Date of Burial* ................ |
| *Metal Inner Casket* ........ *Copper* ........ *Zinc* ........ | ...... | ...... | *Where Interred* ................ |
| *Handles No.* | ...... | ...... | *Grave or Lot No.* ........ *Section* ........ |
| *Outside Case, Pine, Chestnut, Oak, Mahogany* | ...... | ...... | *Location of Grave* ................ |
| *Lining and Pillow Set No.* | ...... | ...... | ................ |
| *Metal Lined Box* | ...... | ...... | ................ |
| *Mountings* ........ *Handles* ........ *Plate* ........ | ...... | ...... | ................ |
| *Metal Vault, Style* | ...... | ...... | ................ |
| *Box Mattress* | ...... | ...... | *Age* ........ *Years* ........ *Months* ........ *Days* ........ |
| *Burial Robe* | ...... | ...... | *Color* ........ *Occupation* ........ |
| *Slippers* ........ *Prs* ........ *Gloves* ........ | ...... | ...... | *Single, Married, Widow, Widower* ........ |
| ........ *Doz. Chairs* ........ | ...... | ...... | *Birthplace* ................ |
| *Personal Attandance and Assistants* | ...... | ...... | *Last place of residence* ................ |
| *Drapery* ........ *Candelabra* ........ *Candles* ........ | ...... | ...... | *How long resident of this State* ................ |
| *Pedestals* ........ *Rug* ........ | ...... | ...... | *Husband's Name* ................ |
| | ...... | ...... | *Father's Name* ................ |
| CASH EXPENDITURES. | ...... | ...... | *Country of Birth* ................ |
| *Door Dressing* | ...... | ...... | *Mother's Name* ................ |
| ........ *Palms* ........ | ...... | ...... | *Country of Birth* ................ |
| *Flowers* | ...... | ...... | *Physician* ................ |
| ................ | ...... | ...... | *Cause of Death* ................ |
| ................ | ...... | ...... | |
| ........ *Porters and* ........ *Gloves* ........ | ...... | ...... | *Ordered by* ................ |
| *Funeral Notices* | ...... | ...... | *Charge to* ................ |
| ................ | ...... | ...... | *When rendered* ................ |
| ................ | ...... | ...... | RECEIVED ON ACCOUNT. |
| ................ | ...... | ...... | |
| *Clergyman* | ...... | ...... | |
| *Sexton* | ...... | ...... | |
| *Quartette, Soloist* ........ *Organist* ........ | ...... | ...... | |
| *Delivering Box to* | ...... | ...... | |
| *Opening Grave* ........ *Lining* ........ | ...... | ...... | |
| *Vault Charges* | ...... | ...... | |
| *Hearse* | ...... | ...... | |
| *Coaches* | ...... | ...... | |
| ................ | ...... | ...... | |
| ................ | ...... | ...... | |
| *Telegrams* ........ *Telephone* ........ | ...... | ...... | |
| *Transportation Expenses* | ...... | ...... | |
| ................ | ...... | ...... | |
| ................ | ...... | ...... | |
| ................ | ...... | ...... | |
| ................ | | | |
| *Amount of Bill* | ...... | | |

Funeral of.....

Date of Funeral..... Hour..... M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
.....
.....
.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
.....
.....
.....
*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
.....
.....
*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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.....
*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* ..... *Date of Death* .....

*Embalming* ..... *Place of Death* .....

*Shaving and Laying Out* ..... *Place of Funeral* .....

*Casket No.* ..... *Size* ..... *Clergyman* .....

..... *Date of Burial* .....

*Metal Inner Casket* ..... *Copper* ..... *Zinc* ..... *Where Interred* .....

*Handles No.* ..... *Grave or Lot No.* ..... *Section* .....

*Outside Case, Pine, Chestnut, Oak, Mahogany* ..... *Location of Grave* .....

*Lining and Pillow Set No.* .....

*Metal Lined Box* .....

*Mountings* ..... *Handles* ..... *Plate* .....

*Metal Vault, Style* .....

*Box Mattress* ..... *Age* ..... *Years* ..... *Months* ..... *Days* .....

*Burial Robe* ..... *Color* ..... *Occupation* .....

*Slippers* ..... *Prs.* ..... *Gloves* ..... *Single, Married, Widow, Widower* .....

..... *Doz. Chairs* ..... *Birthplace* .....

*Personal Attandance and Assistants* ..... *Last place of residence* .....

*Drapery* ..... *Candelabra* ..... *Candles.* ..... *How long resident of this State* .....

*Pedestals* ..... *Rug* ..... *Husband's Name* .....

*Father's Name* .....

CASH EXPENDITURES.

*Country of Birth* .....

*Door Dressing* ..... *Mother's Name* .....

..... *Palms* ..... *Country of Birth* .....

*Flowers* ..... *Physician* .....

..... *Cause of Death* .....

.....

..... *Porters and* ..... *Gloves* ..... *Ordered by* .....

*Funeral Notices* ..... *Charge to* .....

..... *When rendered* .....

RECEIVED ON ACCOUNT.

*Clergyman* .....

*Sexton* .....

*Quartette, Soloist* ..... *Organist* .....

*Delivering Box to* .....

*Opening Grave* ..... *Lining* .....

*Vault Charges* .....

*Hearse* .....

*Coaches* .....

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*Telegrams* ..... *Telephone* .....

*Transportation Expenses* .....

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*Amount of Bill* .....

Funeral of

Date of Funeral Hour M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* *Size*
*Metal Inner Casket* *Copper* *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* *Handles* *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* *Prs.* *Gloves*
*Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* *Candelabra* *Candles.*
*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*
*Palms*
*Flowers*
*Porters and* *Gloves*
*Funeral Notices*
*Clergyman*
*Sexton*
*Quartette, Soloist* *Organist*
*Delivering Box to*
*Opening Grave* *Lining*
*Vault Charges*
*Hearse*
*Coaches*
*Telegrams* *Telephone*
*Transporiation Expenses*
*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* *Section*
*Location of Grave*
*Age* *Years* *Months* *Days*
*Color* *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* ..... *Size*
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* ..... *Handles* ..... *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* ..... *Prs.* ..... *Gloves*
..... *Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* ..... *Candelabra* ..... *Candles*
*Pedestals* ..... *Rug*

CASH EXPENDITURES.

*Door Dressing*
..... *Palms*
*Flowers*
.....
.....
..... *Porters and* ..... *Gloves*
*Funeral Notices*
.....
.....
.....
*Clergyman*
*Sexton*
*Quartette, Soloist* ..... *Organist*
*Delivering Box to*
*Opening Grave* ..... *Lining*
*Vault Charges*
*Hearse*
*Coaches*
.....
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*Telegrams* ..... *Telephone*
*Transportation Expenses*
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.....
*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* ..... *Section*
*Location of Grave*

*Age* ..... *Years* ..... *Months* ..... *Days*
*Color* ..... *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral — Hour — M.

*Removing Remains*
*Embalming*
*Shaving and Laying Out*
*Casket No.* ... *Size*

*Metal Inner Casket* ... *Copper* ... *Zinc*
*Handles No.*
*Outside Case, Pine, Chestnut, Oak, Mahogany*
*Lining and Pillow Set No.*
*Metal Lined Box*
*Mountings* ... *Handles* ... *Plate*
*Metal Vault, Style*
*Box Mattress*
*Burial Robe*
*Slippers* ... *Prs* ... *Gloves*
... *Doz. Chairs*
*Personal Attandance and Assistants*
*Drapery* ... *Candelabra* ... *Candles*
*Pedestals* ... *Rug*

CASH EXPENDITURES.

*Door Dressing*
... *Palms*
*Flowers*

... *Porters and* ... *Gloves*
*Funeral Notices*

*Clergyman*
*Sexton*
*Quartette, Soloist* ... *Organist*
*Delivering Box to*
*Opening Grave* ... *Lining*
*Vault Charges*
*Hearse*
*Coaches*

*Telegrams* ... *Telephone*
*Transportation Expenses*

*Amount of Bill*

*Date of Death*
*Place of Death*
*Place of Funeral*
*Clergyman*
*Date of Burial*
*Where Interred*
*Grave or Lot No.* ... *Section*
*Location of Grave*

*Age* ... *Years* ... *Months* ... *Days*
*Color* ... *Occupation*
*Single, Married, Widow, Widower*
*Birthplace*
*Last place of residence*
*How long resident of this State*
*Husband's Name*
*Father's Name*
*Country of Birth*
*Mother's Name*
*Country of Birth*
*Physician*
*Cause of Death*

*Ordered by*
*Charge to*
*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box.* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

# Funeral of ..........

# Date of Funeral __________ Hour .......... M.

*Removing Remains* ..........

*Embalming* ..........

*Shaving and Laying Out* ..........

*Casket No.* .......... *Size* ..........

..........

*Metal Inner Casket* .......... *Copper* .......... *Zinc* ..........

*Handles No.* ..........

*Outside Case, Pine, Chestnut, Oak, Mahogany* ..........

*Lining and Pillow Set No.* ..........

*Metal Lined Box* ..........

*Mountings* .......... *Handles* .......... *Plate* ..........

*Metal Vault, Style* ..........

*Box Mattress* ..........

*Burial Robe* ..........

*Slippers* .......... *Prs.* .......... *Gloves* ..........

.......... *Doz. Chairs* ..........

*Personal Attandance and Assistants* ..........

*Drapery* .......... *Candelabra* .......... *Candles.* ..........

*Pedestals* .......... *Rug* ..........

## Cash Expenditures.

*Door Dressing* ..........

.......... *Palms* ..........

*Flowers* ..........

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.......... *Porters and* .......... *Gloves* ..........

*Funeral Notices* ..........

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*Clergyman* ..........

*Sexton* ..........

*Quartette, Soloist* .......... *Organist* ..........

*Delivering Box to* ..........

*Opening Grave* .......... *Lining* ..........

*Vault Charges* ..........

*Hearse* ..........

*Coaches* ..........

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*Telegrams* .......... *Telephone* ..........

*Transportation Expenses* ..........

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*Amount of Bill* ..........

*Date of Death* ..........

*Place of Death* ..........

*Place of Funeral* ..........

*Clergyman* ..........

*Date of Burial* ..........

*Where Interred* ..........

*Grave or Lot No.* .......... *Section* ..........

*Location of Grave* ..........

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*Age* .......... *Years* .......... *Months* .......... *Days* ..........

*Color* .......... *Occupation* ..........

*Single, Married, Widow, Widower* ..........

*Birthplace* ..........

*Last place of residence* ..........

*How long resident of this State* ..........

*Husband's Name* ..........

*Father's Name* ..........

*Country of Birth* ..........

*Mother's Name* ..........

*Country of Birth* ..........

*Physician* ..........

*Cause of Death* ..........

*Ordered by* ..........

*Charge to* ..........

*When rendered* ..........

## RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box.* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

.....

.....

*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

.....

.....

.....

.....

*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
.....
..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
.....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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.....
*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No. Size*

*Metal Inner Casket Copper Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings Handles Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers Prs. Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery Candelabra Candles.*

*Pedestals Rug*

Cash Expenditures.

*Door Dressing*

*Palms*

*Flowers*

*Porters and Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist Organist*

*Delivering Box to*

*Opening Grave Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No. Section*

*Location of Grave*

*Age Years Months Days*

*Color Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
.....
.....
*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....

*Embalming*.....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*.....*Handles*.....*Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe*.....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants*.....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave*.....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*.....*Telephone*.....

*Transportation Expenses*.....

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*Amount of Bill*.....

*Date of Death*.....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave*.....

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*Age*.....*Years*.....*Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace*.....

*Last place of residence*.....

*How long resident of this State*.....

*Husband's Name*.....

*Father's Name*.....

*Country of Birth*.....

*Mother's Name*.....

*Country of Birth*.....

*Physician*.....

*Cause of Death*.....

*Ordered by*.....

*Charge to*.....

*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral.....Hour.....M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*..... *Handles*..... *Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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..... *Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*..... *Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*..... *Years*..... *Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*..... .....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of.....

Date of Funeral..... Hour..... M.

*Removing Remains*.....
*Embalming*.....
*Shaving and Laying Out*.....
*Casket No*.....*Size*.....
.....
*Metal Inner Casket*.....*Copper*.....*Zinc*.....
*Handles No*.....
*Outside Case, Pine, Chestnut, Oak, Mahogany*.....
*Lining and Pillow Set No*.....
*Metal Lined Box*.....
*Mountings*.....*Handles*.....*Plate*.....
*Metal Vault, Style*.....
*Box Mattress*.....
*Burial Robe*.....
*Slippers*.....*Prs*.....*Gloves*.....
.....*Doz. Chairs*.....
*Personal Attandance and Assistants*.....
*Drapery*.....*Candelabra*.....*Candles*.....
*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....
.....*Palms*.....
*Flowers*.....
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.....*Porters and*.....*Gloves*.....
*Funeral Notices*.....
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*Clergyman*.....
*Sexton*.....
*Quartette, Soloist*.....*Organist*.....
*Delivering Box to*.....
*Opening Grave*.....*Lining*.....
*Vault Charges*.....
*Hearse*.....
*Coaches*.....
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*Telegrams*.....*Telephone*.....
*Transportation Expenses*.....
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*Amount of Bill*.....

*Date of Death*.....
*Place of Death*.....
*Place of Funeral*.....
*Clergyman*.....
*Date of Burial*.....
*Where Interred*.....
*Grave or Lot No*.....*Section*.....
*Location of Grave*.....
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*Age*.....*Years*.....*Months*.....*Days*.....
*Color*.....*Occupation*.....
*Single, Married, Widow, Widower*.....
*Birthplace*.....
*Last place of residence*.....
*How long resident of this State*.....
*Husband's Name*.....
*Father's Name*.....
*Country of Birth*.....
*Mother's Name*.....
*Country of Birth*.....
*Physician*.....
*Cause of Death*.....

*Ordered by*.....
*Charge to*.....
*When rendered*.....

RECEIVED ON ACCOUNT.

Funeral of

Date of Funeral Hour M.

*Removing Remains*

*Embalming*

*Shaving and Laying Out*

*Casket No.* *Size*

*Metal Inner Casket* *Copper* *Zinc*

*Handles No.*

*Outside Case, Pine, Chestnut, Oak, Mahogany*

*Lining and Pillow Set No.*

*Metal Lined Box*

*Mountings* *Handles* *Plate*

*Metal Vault, Style*

*Box Mattress*

*Burial Robe*

*Slippers* *Prs.* *Gloves*

*Doz. Chairs*

*Personal Attandance and Assistants*

*Drapery* *Candelabra* *Candles.*

*Pedestals* *Rug*

CASH EXPENDITURES.

*Door Dressing*

*Palms*

*Flowers*

*Porters and* *Gloves*

*Funeral Notices*

*Clergyman*

*Sexton*

*Quartette, Soloist* *Organist*

*Delivering Box to*

*Opening Grave* *Lining*

*Vault Charges*

*Hearse*

*Coaches*

*Telegrams* *Telephone*

*Transportation Expenses*

*Amount of Bill*

*Date of Death*

*Place of Death*

*Place of Funeral*

*Clergyman*

*Date of Burial*

*Where Interred*

*Grave or Lot No* *Section*

*Location of Grave*

*Age* *Years* *Months* *Days*

*Color* *Occupation*

*Single, Married, Widow, Widower*

*Birthplace*

*Last place of residence*

*How long resident of this State*

*Husband's Name*

*Father's Name*

*Country of Birth*

*Mother's Name*

*Country of Birth*

*Physician*

*Cause of Death*

*Ordered by*

*Charge to*

*When rendered*

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transporiation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

Funeral of .....

Date of Funeral ..... Hour ..... M.

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*Removing Remains* .....
*Embalming* .....
*Shaving and Laying Out* .....
*Casket No.* ..... *Size* .....
.....
*Metal Inner Casket* ..... *Copper* ..... *Zinc* .....
*Handles No.* .....
*Outside Case, Pine, Chestnut, Oak, Mahogany* .....
*Lining and Pillow Set No.* .....
*Metal Lined Box* .....
*Mountings* ..... *Handles* ..... *Plate* .....
*Metal Vault, Style* .....
*Box Mattress* .....
*Burial Robe* .....
*Slippers* ..... *Prs.* ..... *Gloves* .....
..... *Doz. Chairs* .....
*Personal Attandance and Assistants* .....
*Drapery* ..... *Candelabra* ..... *Candles.* .....
*Pedestals* ..... *Rug* .....

CASH EXPENDITURES.

*Door Dressing* .....
..... *Palms* .....
*Flowers* .....
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..... *Porters and* ..... *Gloves* .....
*Funeral Notices* .....
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*Clergyman* .....
*Sexton* .....
*Quartette, Soloist* ..... *Organist* .....
*Delivering Box to* .....
*Opening Grave* ..... *Lining* .....
*Vault Charges* .....
*Hearse* .....
*Coaches* .....
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*Telegrams* ..... *Telephone* .....
*Transportation Expenses* .....
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*Amount of Bill* .....

*Date of Death* .....
*Place of Death* .....
*Place of Funeral* .....
*Clergyman* .....
*Date of Burial* .....
*Where Interred* .....
*Grave or Lot No.* ..... *Section* .....
*Location of Grave* .....
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*Age* ..... *Years* ..... *Months* ..... *Days* .....
*Color* ..... *Occupation* .....
*Single, Married, Widow, Widower* .....
*Birthplace* .....
*Last place of residence* .....
*How long resident of this State* .....
*Husband's Name* .....
*Father's Name* .....
*Country of Birth* .....
*Mother's Name* .....
*Country of Birth* .....
*Physician* .....
*Cause of Death* .....

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*Ordered by* .....
*Charge to* .....
*When rendered* .....

RECEIVED ON ACCOUNT.

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Funeral of .....

Date of Funeral ..... Hour ..... M.

*Removing Remains*.....

*Embalming* .....

*Shaving and Laying Out*.....

*Casket No*.....*Size*.....

.....

*Metal Inner Casket*.....*Copper*.....*Zinc*.....

*Handles No*.....

*Outside Case, Pine, Chestnut, Oak, Mahogany*.....

*Lining and Pillow Set No*.....

*Metal Lined Box*.....

*Mountings*..... *Handles*..... *Plate*.....

*Metal Vault, Style*.....

*Box Mattress*.....

*Burial Robe* .....

*Slippers*.....*Prs*.....*Gloves*.....

.....*Doz. Chairs*.....

*Personal Attandance and Assistants* .....

*Drapery*.....*Candelabra*.....*Candles*.....

*Pedestals*.....*Rug*.....

CASH EXPENDITURES.

*Door Dressing*.....

.....*Palms*.....

*Flowers*.....

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.....*Porters and*.....*Gloves*.....

*Funeral Notices*.....

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*Clergyman*.....

*Sexton*.....

*Quartette, Soloist*.....*Organist*.....

*Delivering Box to*.....

*Opening Grave* .....*Lining*.....

*Vault Charges*.....

*Hearse*.....

*Coaches*.....

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*Telegrams*..... *Telephone*.....

*Transportation Expenses* .....

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*Amount of Bill*.....

*Date of Death* .....

*Place of Death*.....

*Place of Funeral*.....

*Clergyman*.....

*Date of Burial*.....

*Where Interred*.....

*Grave or Lot No*.....*Section*.....

*Location of Grave* .....

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*Age*..... *Years*..... *Months*.....*Days*.....

*Color*.....*Occupation*.....

*Single, Married, Widow, Widower*.....

*Birthplace* .....

*Last place of residence* .....

*How long resident of this State*.....

*Husband's Name* .....

*Father's Name*.....

*Country of Birth* .....

*Mother's Name*.....

*Country of Birth*..... .....

*Physician* .....

*Cause of Death* .....

*Ordered by* .....

*Charge to* .....

*When rendered*.....

RECEIVED ON ACCOUNT.